

Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Holly Hill</i>		Town <i>Balt.</i>		County	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>not known</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Harry Carey</i>			Father's Birthplace <i>Astoria</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>William Carey</i>			How related to deceased <i>niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>2 months</i>
Immediate <i>Complications</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. [Signature]</i>
	Address <i>not known</i>
Accident or Suicide?	<i>md.</i>

John J. Fields
London PK

Name
in
Full

George L. Allen

CERTIFICATE OF DEATH

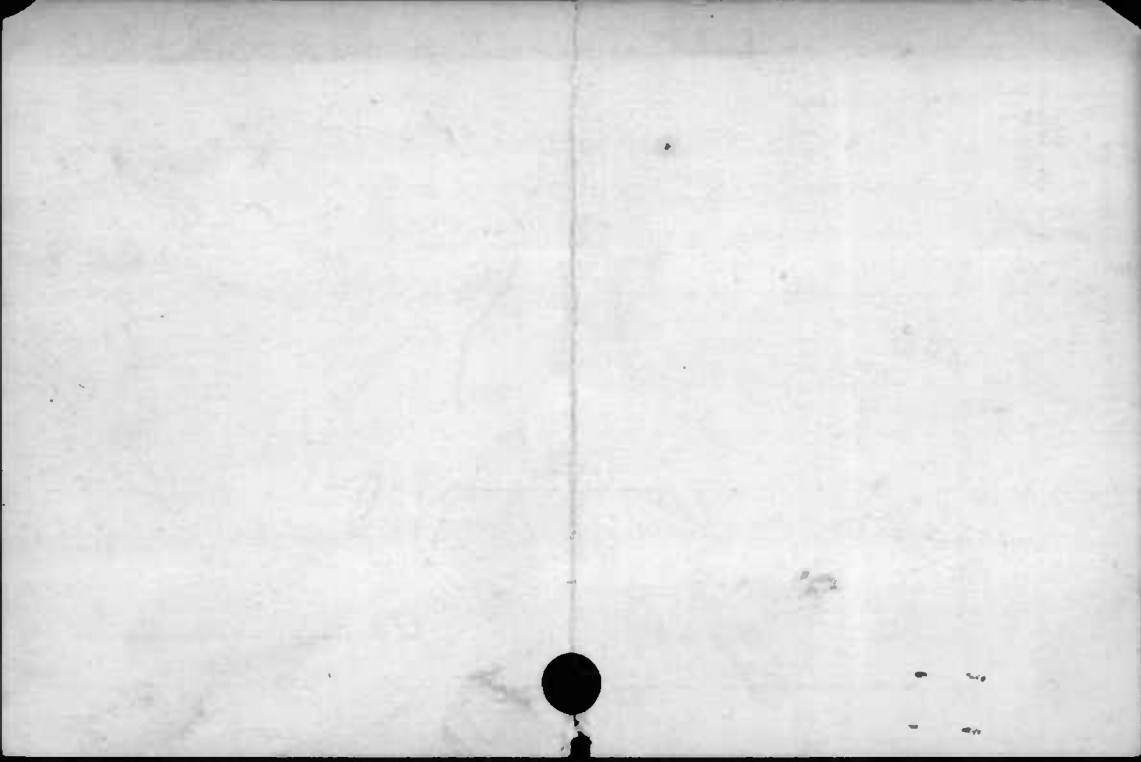
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hydes</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1906	Month	July	Day	26
Age		26		Months	1
Sex		Male		Color or Race	White
Occupation		Barber		Birth-place	Md.
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Gertrude Liebold	
Father's Name	C. C. Allen		Father's Birthplace	Md.	
Mother's Maiden Name	Amanda Cornes		Mother's Birthplace	Md.	
Name of person giving information	Samuel Allen		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	-
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
700		J. B. Asmund	
		Address	
		#2112 N. Charles St.	
		Baltimore Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

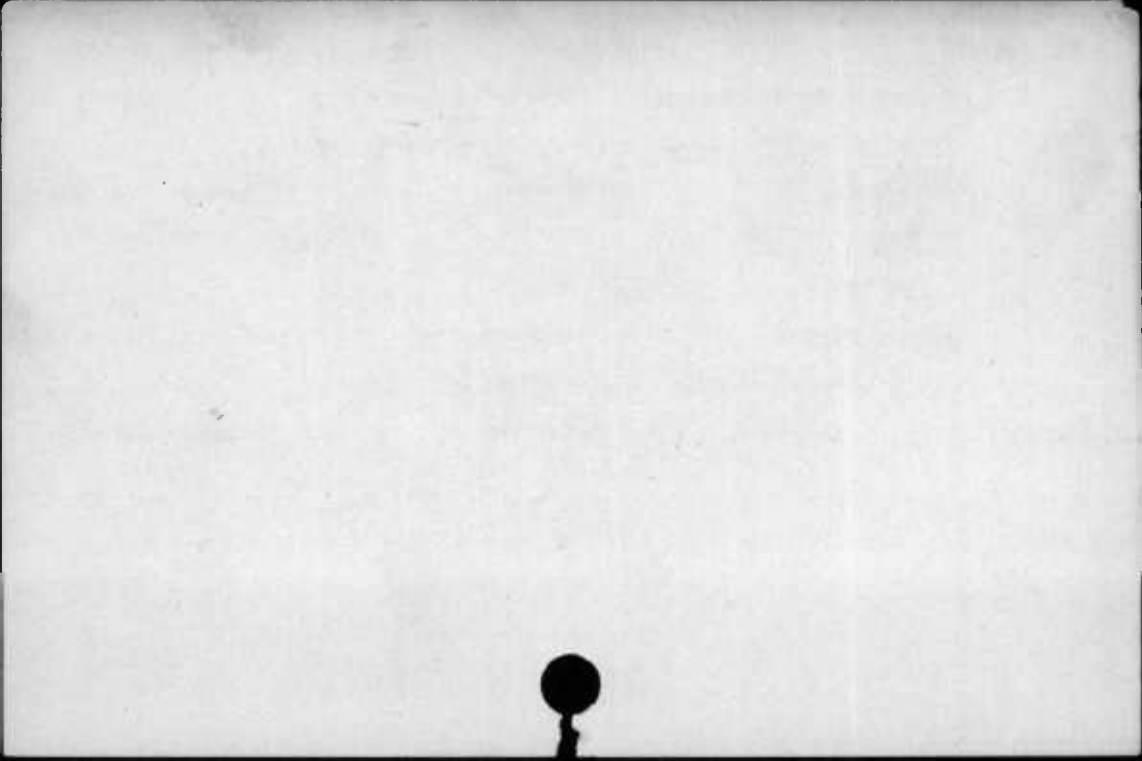
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Gilbert Allen</i>		Town <i>Burnside</i>		County <i>Balt.</i>		MARYLAND	
Died at <i>Burnside</i>		Month <i>7</i>		Day <i>27</i>		Age <i>4</i>	
Date of death <i>1906</i>		Month <i>7</i>		Day <i>27</i>		Age <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balt. Co.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Burnside</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>David Allen</i>		Father's Birthplace <i>Balt. Co.</i>					
Mother's Maiden Name <i>Devries</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>David Allen</i>		How related to deceased <i>Father's</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acid Colitis -</i>	How long <i>3 days -</i>
Immediate <i>Exhaustion</i>	How long <i>4-5 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henry G. Naylor</i>
	Address <i>Pikeville</i>
Accident or Suicide?	<i>Med.</i>



Name in Full		No. Name.		Benson		County		Baltimore		MARYLAND		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Reisters town		Town		Baltimore		County		MARYLAND			
	Date of death		1906		Month		July		Day		23		Age 3 Hours	
	Sex		Male		Color or Race		White		Birth-place		Reisters town			
	Occupation				Where Residing if not at place of death		Reisters town							
	Married, Single or Widowed				Name of Wife or Husband									
	Father's Name		George. S. Benson.		Father's Birthplace		Reisters town							
PHYSICIAN OR CORONER	Mother's Maiden Name		Cora. V. Barnes.		Mother's Birthplace		Canoll. Co.							
	Name of person giving information		Oscar. E. Barnes.		How related to deceased		Uncle.							
	CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary		Pneumonia Birth		How long		15							
	Immediate				How long									
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		H. M. Seale							
	Address				Reisters town									
Accident or Suicide?														



Name in Full		Bitzelberger				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND	
	Date of death	1906	Month 7	Day 4	Age	Years	Months Days
	Sex	Female		Color or Race White		Birth-place Md.	
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Matthew Bitzelberger				Father's Birthplace	Germany
	Mother's Maiden Name	Leona Stroebel				Mother's Birthplace	Germany
Name of person giving information	Matthew Bitzelberger				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still Born				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr. J. A. Glauzy
	Accident or Suicide?					Address	71 Eastern Ave. Et.

Sacred Heart Cemetery

July 5th 1906

Undertaker
G. France.

TO BE ANSWERED BY NEAREST FRIEND	Name in Full Boardley, Frank.				CERTIFICATE OF DEATH			
	Died at Leatonville <small>Town</small>			Patto <small>County</small>			MARYLAND	
	Date of death 1906		July <small>Month</small>		21 <small>Day</small>		20 <small>Years</small>	
	Sex Male		Color or Race Coco		Birth-place Ind.			
	Occupation Laborer				Where Residing if not at place of death <input checked="" type="checkbox"/>			
	Married, Single or Widowed Single		Name of Wife or Husband <input checked="" type="checkbox"/>					
	Father's Name <input checked="" type="checkbox"/>				Father's Birthplace <input checked="" type="checkbox"/>			
Mother's Maiden Name <input checked="" type="checkbox"/>				Mother's Birthplace <input checked="" type="checkbox"/>				
Name of person giving information <input checked="" type="checkbox"/>				How related to deceased <input checked="" type="checkbox"/>				

PHYSICIAN OR CORONER	CAUSES OF DEATH			
	Primary Sub-Acute Malaria		How long 2 yrs.	
	Immediate Pulmonary Tuberculosis		How long 9 mos.	
	Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Gray Wade,	
No		Address Leatonville, Ind.		
Accident or Suicide? No				



Name
in
Full

Herbert Boon

CERTIFICATE OF DEATH

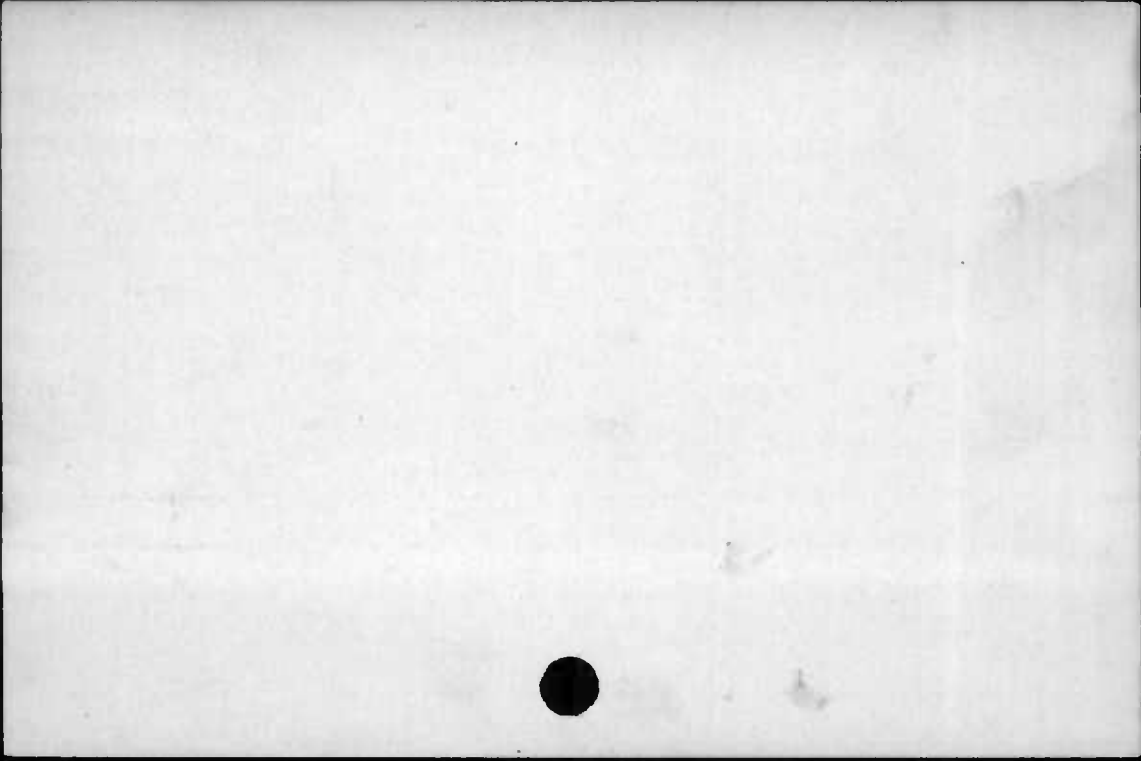
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>July</u> ^{Day} <u>3</u>		Age <u>Years</u>		Months <u>1</u> Days	
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Balto Co.</u>	
Occupation <u>-</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Charles Boon</u>		Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Mary A Sparr</u>		Mother's Birthplace <u>Balto Co.</u>			
Name of person giving information <u>Charles Sparr</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u> <u>151</u>		How long <u>1 day</u>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. H. Atkey,</u>	
		Address <u>[Redacted]</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

Stephen Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Granite* Town *Balto* County
Date of death *1906* Month *July* Day *18* Age *65* Years Months Days
Sex *male* Color or Race *Black* Birth-place *Ind*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *married* Name of Wife or Husband *Lizzie Bowman*
Father's Name *OK* Father's Birthplace *OK*
Mother's Maiden Name *OK* Mother's Birthplace *OK*
Name of person giving information *Wm Tyler* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *2 years*
Immediate *Exhaustion & Coma* How long *few days*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. J. Stroph*
Address *Granite Ind*
Accident or Suicide? _____



Name
in
Full

10
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Anna Eliza Brown.</i>		Town <i>Baltimore</i>		County <i>City</i>		State MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>July</i>		Day <i>9</i>	
Age <i>26.</i>		Years <i>26.</i>		Months		Days	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth- place <i>Calvert co. Md</i>			
Occupation <i>House keeper</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Brown.</i>					
Father's Name <i>Samuel S. Parker</i>		Father's Birthplace <i>Calvert co. Md</i>					
Mother's Maiden Name <i>Annie Smith.</i>		Mother's Birthplace <i>Calvert co. Md</i>					
Name of person giving in formation <i>Samuel S. Parker</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble.</i>		How long <i>19</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		<i>J. T. Brooks.</i>	



Name
in
Full

Calvin Murray Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Butter* Town*Baeto* County

MARYLAND

Date of death *1906 July*Day *31*Age *—* YearsMonths *3*Days *21*Sex *Male*Color or Race *White*Birth place *Croftsville Md*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's Name *Jacob M. Brown*Father's Birthplace *Butter Md*Mother's Maiden Name *Rebecca Combs*Mother's Birthplace *11 11*Name of person giving
in formation *Jacob M Brown*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Enteric Colitis*How long *1 month*Immediate *Exhaustion*How long *24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Butter, Md

Accident or Suicide?

PHYSICIAN
OR CORONER

Funeral at Beth Israel
Cemetery Thursday July
2nd

W. C. Brooks

Name in Full		Infant (Still Birth) Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Hullsville		Baltimore		MARYLAND		
		Date of death		1906	Month	July	Day	8
		Age		Years		Months		
		Days						
Sex		female		Color or Race		colored		
Occupation				Birth-place		Hullsville		
				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name						Father's Birthplace		
Mother's Maiden Name		Dora Brown				Mother's Birthplace		
Name of person giving information		Joe Bailey				How related to deceased		
						None		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate		Still Birth		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
				Address		not known		
		Accident or Suicide?				md.		

Geo. Harper.
Shou J. A.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Weston Run, B. Md		Baltimore					
Date of death	1906	Month	July	Day	12	Age	68
Sex	Male	Color or Race	Colored	Birth-place	Butter Md.	Months	Days
Occupation	Labourer			Where Residing if not at place of death	Weston Run Md		
Married, Single or Widowed	Widower		Name of Wife or Husband	Mary Parker			
Father's Name	Jachariah Brown				Father's Birthplace	Don't Know	
Mother's Maiden Name	Mickey Berry				Mother's Birthplace	" "	
Name of person giving information	George E. Lee				How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	Five Years
Immediate	Stroke - Exhaustion	How long	6 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Brach Md
		Address	Butter Md
Accident or Suicide?			

Buried at Garb's
Cemetery July 14th 1888

Mrs. C. Brooks

Name
in
Full

Richard Flood Burchell

CERTIFICATE OF DEATH

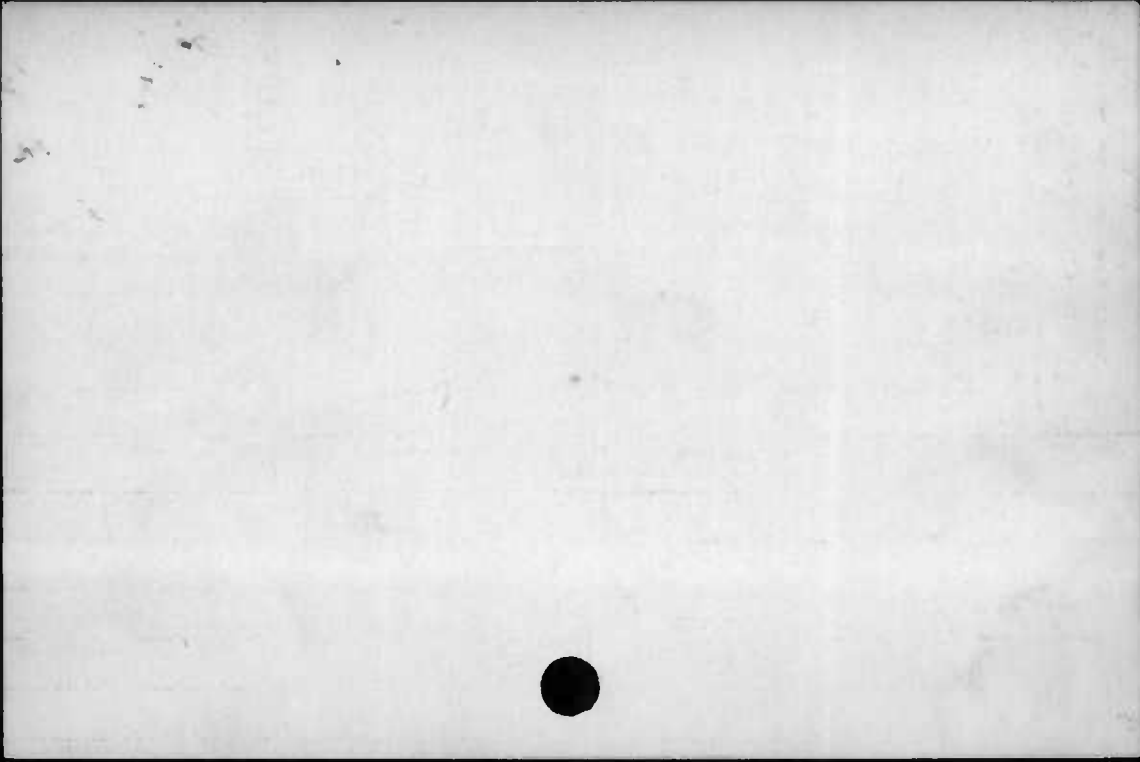
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Glyndon ^{town}		Baltimore ^{County}		MARYLAND	
Date	1906	Month	July	Day	26	Age	76
Sex	Male		Color or Race	White - Amer.		Months	7
Occupation	Retired		Where Residing if not at place of death	New Haven, Conn.			
Married, Single or Widowed	Married		Name of Wife or Husband	Martha J Burchell			
Father's Name	—		Father's Birthplace	—			
Mother's Maiden Name	—		Mother's Birthplace	—			
Name of person giving information	Charles F. Wood		How related to deceased	Son-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease & Cardiac weakness	How long	Don't know
Immediate	Acute Bilious attack & Cardiac failure	How long	one week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. R. Burchell
		Address	Glyndon, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Rachel J. Burns* Town *Balto.* County *Balto.*

Died at *Mt. Washington*

Date of death *1906* Month *July* Day *3* Age *57* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Balto. Co.*

Occupation *Housewife* Where Residing if not at place of death *Mt. Washington*

Married, Single or Widowed *Married* Name of Wife or Husband *Benj. F. Burns*

Father's Name *Wm. Cross* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Gilbert* Mother's Birthplace *Md.*

Name of person giving information *Benj. F. Burns* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *about 16 mos*

Immediate *anemia + Collapse* How long *a few days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. H. Federman M.D.*

Address *Cor Christiant + 1st Aves
Balto Md*

Accident or Suicide? ☐

John Burns Souz
Lowson
Daniel Ridge Cerr.

Name
in
Full

Sarah L. Burton

CERTIFICATE OF DEATH

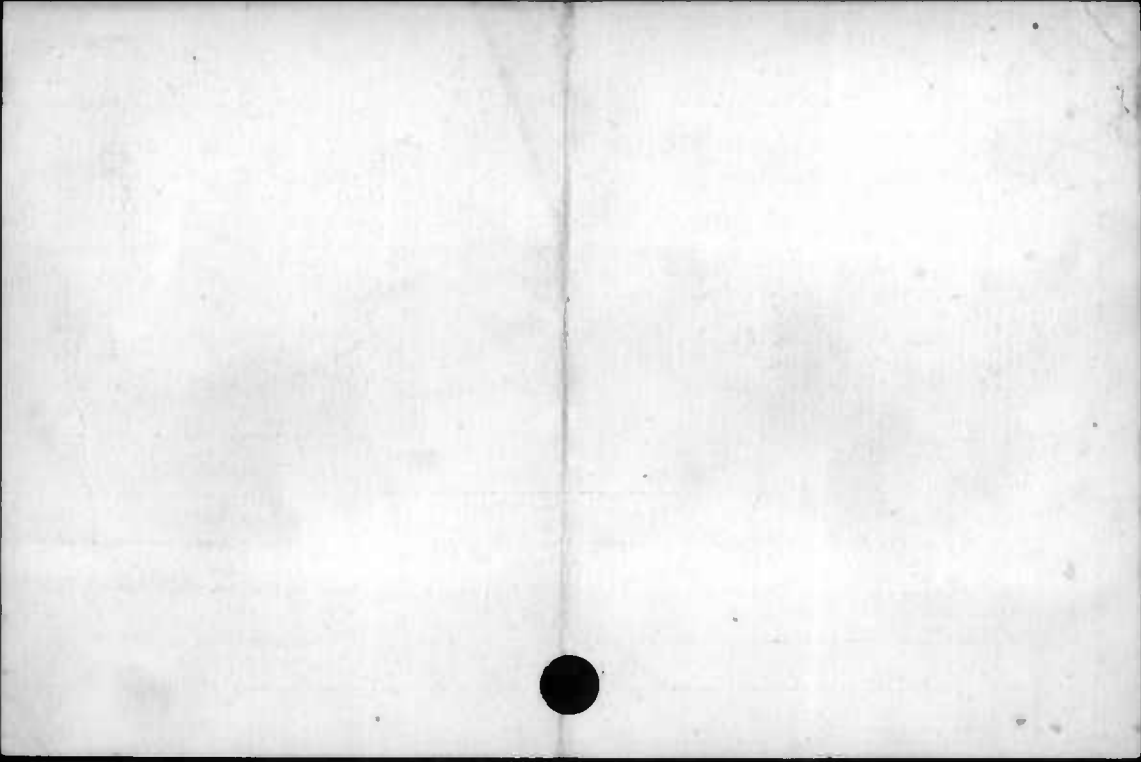
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen Arm</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>6</i>	Age <i>2</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>_____</i>			Occupation <i>_____</i>				
Name of Wife or Husband <i>_____</i>							
Father's Name <i>Randolph Burton</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Sarah L. Sindall</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Randolph Burton</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inflammation of Bowels</i>	How long <i>10 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>_____</i>	Signature of Physician <i>Wm. S. Green</i>
	Address <i>Wittinger Ind.</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Thomas B. Butler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Town</u>			County <u>Balt</u>		MARYLAND	
	Date of death <u>1906</u>	Month <u>7</u>	Day <u>5</u>	Age <u>36</u>	Months <u>9</u>	Days <u>21</u>	
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Balt Co</u>		
	Occupation <u>clerk</u>			Where Residing if not at place of death <u>Town</u>			
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sophia Stockdale Butler</u>				
	Father's Name <u>Samuel Butler</u>				Father's Birthplace <u>Md</u>		
	Mother's Maiden Name <u>Mary Payne</u>				Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Mrs Butler</u>				How related to deceased <u>Mother</u>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Pulmonary Tuberculosis</u>				How long <u>2 years</u>		
	Immediate <u>Pulmonary Oedema</u>				How long <u>7 hours</u>		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>R. C. Massenburg M.D.</u>		
	Yes				Address <u>Town</u>		
Accident or Suicide?							

John Burns' Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Robert Cadden* Town *West Belington* County *Baltimore* State *Md* **MARYLAND**

Died at *West Belington* Date of death *1906* Month *July* Day *13* Age *78* Years Months *5* Days *24*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *Shoemaker* Where Residing if not at place of death *West Belington*

Married, Single or Widowed *Married* Name of Wife or Husband _____

Father's Name *James Robert Cadden* Father's Birthplace *Va.*

Mother's Maiden Name *Margaret M. Cadden* Mother's Birthplace *Pa.*

Name of person giving information *Francis M. Cadden* How related to deceased *Sister*

CAUSES OF DEATH

Primary

Carcinoma of prostate

How long

about 1 year

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

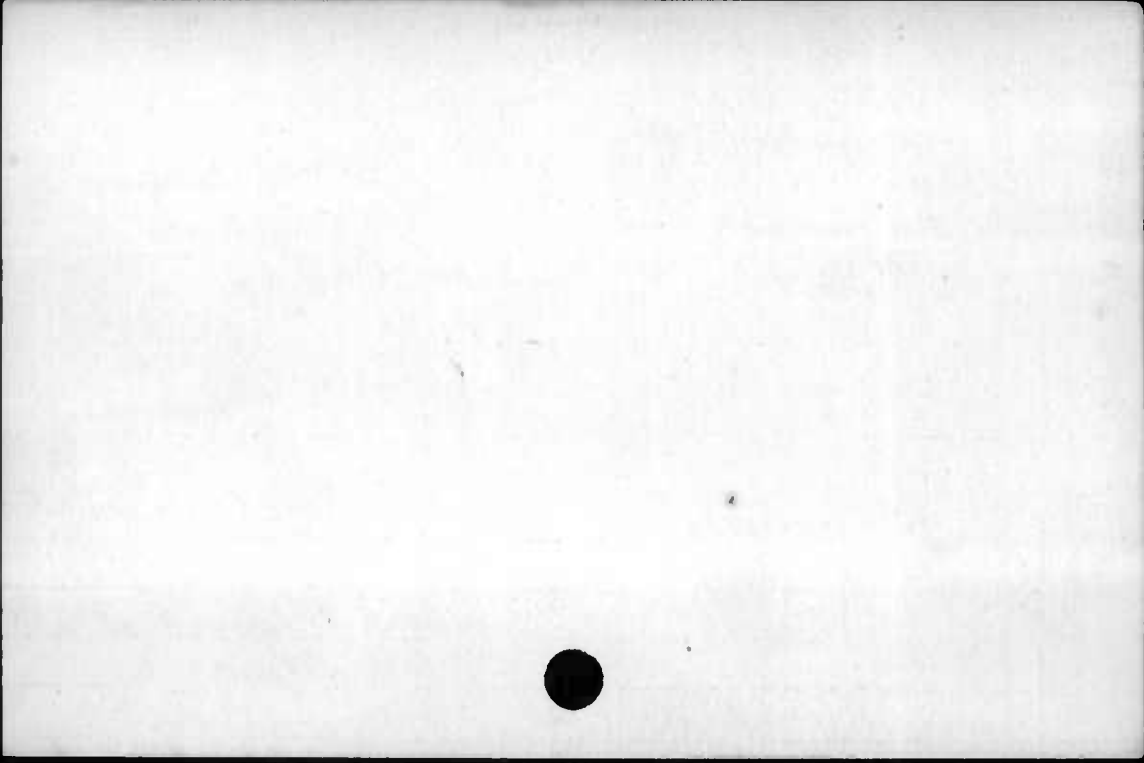
Signature of Physician

Wm C. Boyle, M.D.

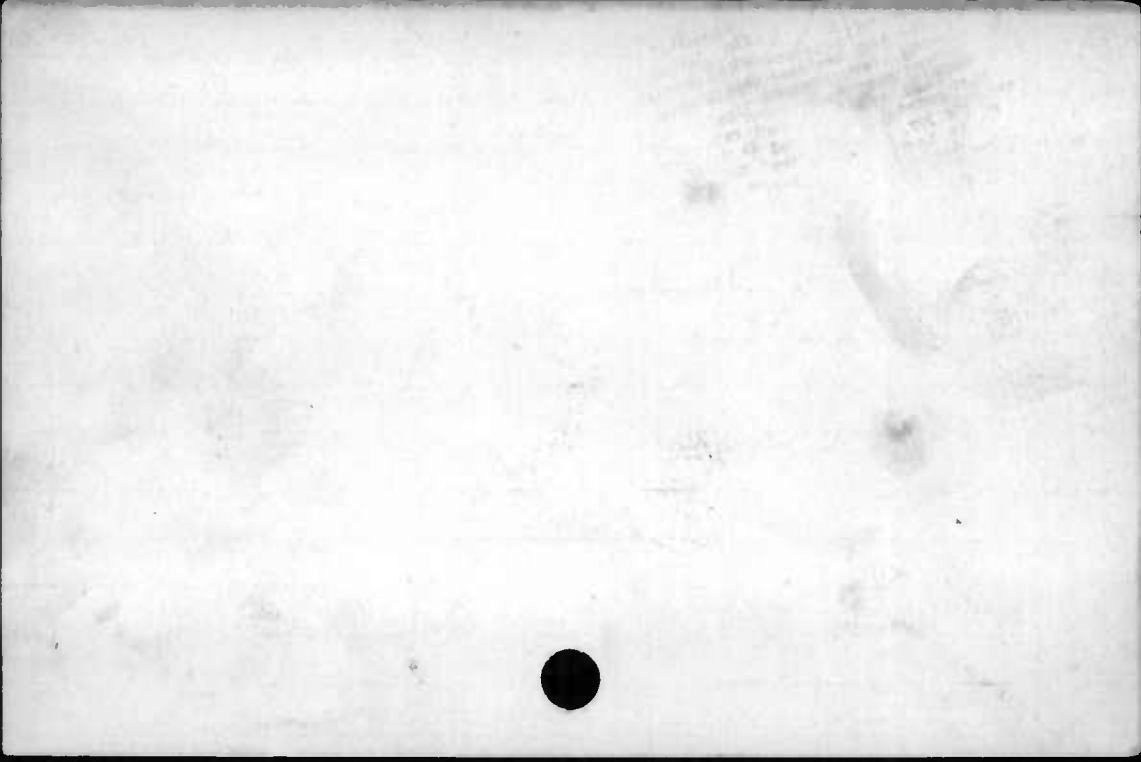
Address

*1900 Maryland Ave**Md*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at: <i>Middle River</i>		County <i>Baltimore</i>		MARYLAND
	Date of death: <i>906</i> ^{Month} <i>July</i> ^{Day} <i>15</i> ^{Years} <i>Age 27</i>			Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>		
	Occupation <i>Watchman</i>	Where Residing if not at place of death <i>1541 Orleans st</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Isabelle. Carney</i>			
	Father's Name	Father's Birthplace			
	Mother's Maiden Name	Mother's Birthplace			
Name of person giving information <i>James W. Wood.</i>	How related to deceased <i>none.</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Drowning</i>	How long			
	Immediate <i>Drowning</i>	How long			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>			
	Accident or Suicide? <i>Accident</i>	Address <i>1500 Highland ave. Baltimore Co Md</i>			



Name
in
Full

Rena Carts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Monice Pk		County Baltimore		MARYLAND	
Date of death		1906	Month July	Day 11	Age 6	Months —	Days —
Sex female		Color or Race White		Birthplace Russia			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John Carts				Father's Birthplace Russia			
Mother's Maiden Name Edna Nabert				Mother's Birthplace Russia			
Name of person giving information J. Strauss				How related to deceased none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping cough -	How long	3 wks
Immediate	Pneumonia	How long	2 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. S. M. Kiffin	
		Address Monice Pk Baltimore Md	
Accident or Suicide?			

Western Can-
Jon B. Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary Jarr Cator		Town Roland Park		County Baltimore		MARYLAND	
Died at Roland Park		Date of death 1906 July 10		Age 35		Months 9	
Sex Female		Color or Race White		Birthplace Pennsylvania		Days 2	
Occupation wife		Where Residing If not at place of death 511 Roland ave					
Married, Single or Widowed Widowed		Name of Wife or Husband Wm W Cator					
Father's Name H. G. H. Jarr		Father's Birthplace Penna					
Mother's Maiden Name Agnes Bacon		Mother's Birthplace do					
Name of person giving information W W Cator		How related to deceased husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 43 days
Immediate Toxaemia	How long -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. Gibson Porter
M. G. Porter	Address Roland Park Md.
Accident or Suicide? No	

Dr Massenberg Towson Md
 Dear Sir! Please grant
 Permit to bury in Green
 Mount Cemetery, Funeral
 Thursday morning. Please
 return on first mail and
 oblige Stewart & Mowen
 July 10/06

2	6	35
8	96	0481
10	7	1816
2		

Name
in
Full

Ernest LeRoy Chambers


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arbutus</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>July</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>	Color of Race <i>Black</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married , Single <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Lois's William Chambers</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Harriet Scott</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Hannah Scott</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>179</i>	How long <i>2 mos</i>
Immediate <i>Starvation</i>		How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. R. Eareckson</i>	Address <i>Eek Ridge, Md.</i>
		
Accident or Suicide? <i>—</i>		

Geo. Hooper

Name in Full		Sophia F. Christian				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Highlandtown		Balto.		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1906		7	16	—	5	5
		Sex		Color or Race		Birth-place		
		Female		White		Highlandtown		
		Occupation		Where Residing if not at place of death		1417 - 3 rd St.		
Married, Single or Widowed		Name of Wife or Husband		—				
Father's Name		Geo. F. Christian				Father's Birthplace		
Mother's Maiden Name		Martha Lewis				Mother's Birthplace		
Name of person giving information		Fredericka Christian				How related to deceased		
		Grandmother						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Cholera Typhoidum		How long		
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes.		105		
		Signature of Physician		Jas. J. Truxman		2 days - 4 hours		
		Address		3 and 1/2 Bush		Highlandtown.		
Accident or Suicide?		No						

John Herwig & Son
Mt. Carmel Penn.

7/18/06

Name
in
Full

Mary J Coates

CERTIFICATE OF DEATH

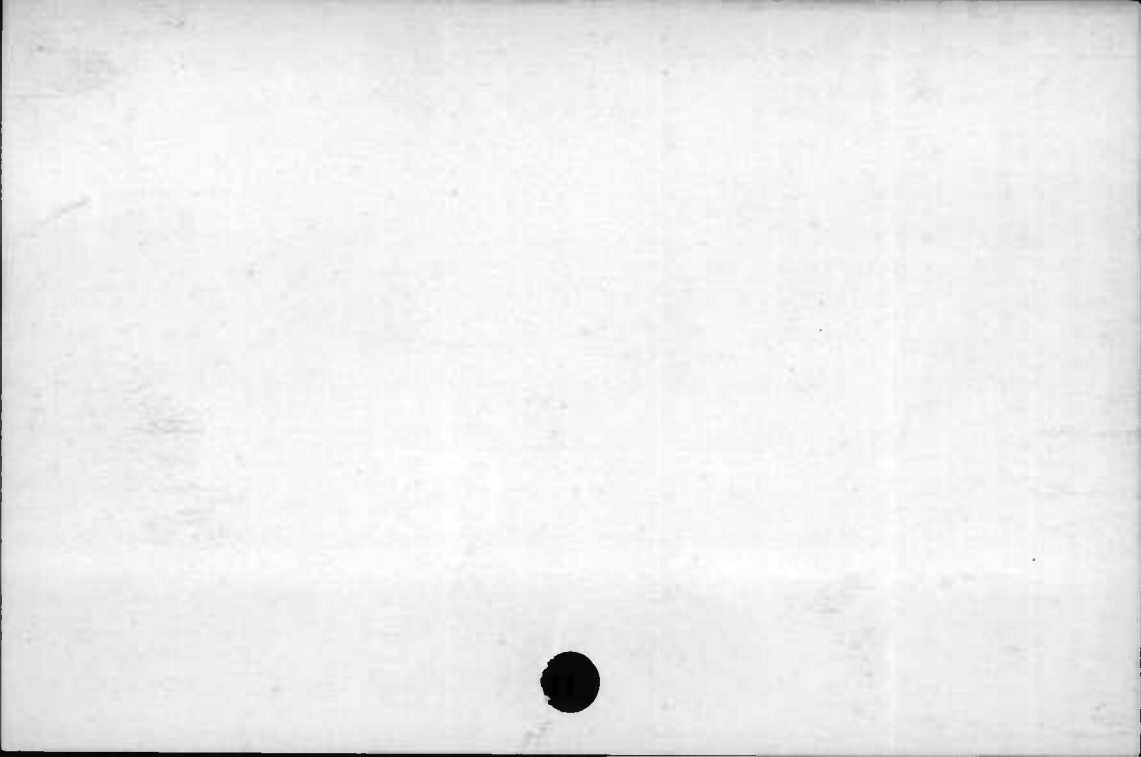
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockdale</u> Town		<u>Balt</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>30</u>	Years <u>62</u>	Months <u>11</u>	Days <u>6</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Pennsylvania</u>	
Occupation <u>housewife</u>		Where Residing if not at place of death <u>Rockdale</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Roth Coates</u>			
Father's Name <u>Jessie Hammer</u>		Father's Birthplace <u>Balt City</u>			
Mother's Maiden Name <u>Mary Smith</u>		Mother's Birthplace <u>Penn</u>			
Name of person giving information <u>Roth Coates</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>typhoid</u>	How long <u>10</u> months
Immediate <u>Dropsy & heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H J Helt</u>
	Address <u>Randallstown</u>
Accident or Suicide?	<u>Balhev</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Pt.</i>		Town <i>Baltimore</i>		County		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>2</i>	Age	<i>53</i>	Years	Months <i>1</i> Days <i>4</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Postmaster</i>			Where Residing if not at place of death		<i>Sparrow's Point</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary H. Cochran</i>			
Father's Name	<i>Wm J. Cochran</i>					Father's Birthplace	<i>Balto.</i>
Mother's Maiden Name	<i>Sarah E. Amey</i>					Mother's Birthplace	<i>Balto.</i>
Name of person giving information	<i>Mary H. Cochran</i>					How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

(64)

How long

Several years

Immediate

Cerebral thrombosis

How long

11 days

Are the name, age, sex, color, date and place correctly given above?

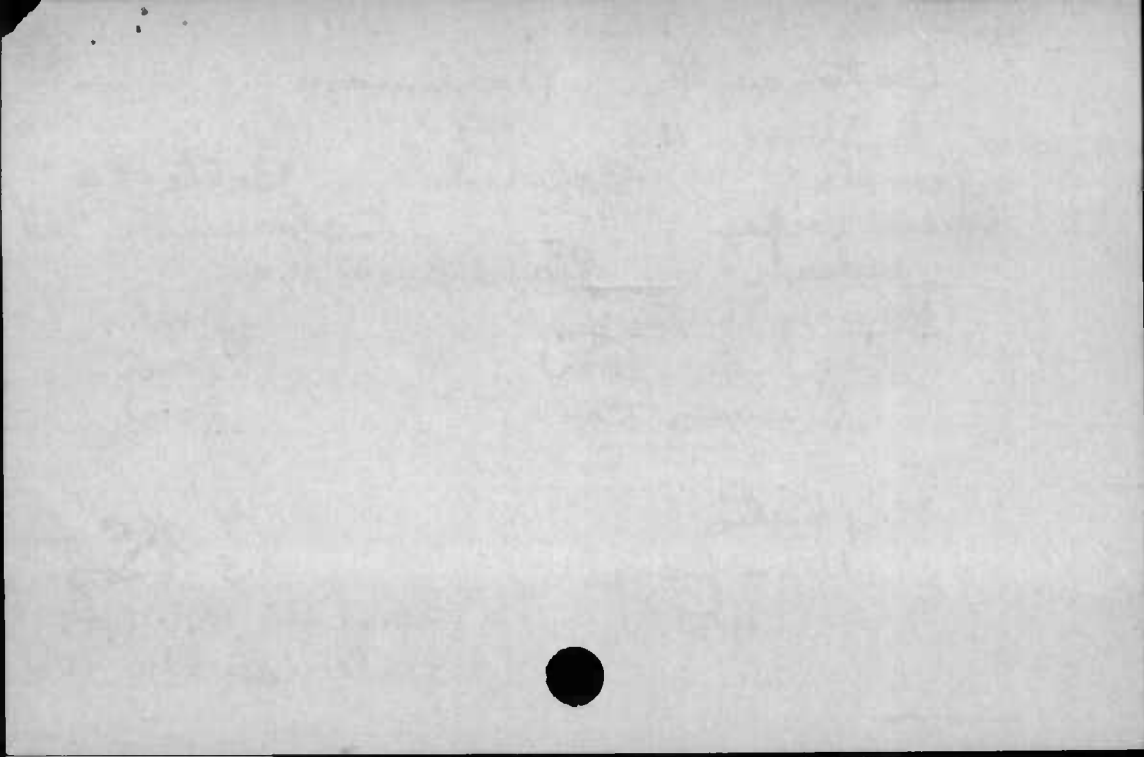
yes

Signature of Physician

Address

*H. K. Peltzman M.D.**Sparrow's Pt.
Md.*

Accident or Suicide?



Name
in
Full

Ratchelle Ann. Coe,

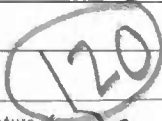
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Catonsville</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1906	Month <u>July</u>	Day <u>11</u>	Years Age	<u>71</u>	Months <u>—</u>	Days <u>—</u>
Sex	<u>female</u>		Color or Race	<u>Colored</u>		Birth- place	<u>Balto Co</u>
Occupation	<u>House wife</u>			Where Residing if not at place of death		<u>Catonsville Md</u>	
Married, Single or Widowed	<u>Widow</u>		Name of Wife or Husband <u>Blaxdramis Coe</u>				
Father's Name	<u>Henry Bush</u>					Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>— Gordon</u>					Mother's Birthplace	<u>md</u>
Name of person giving In formation	<u>Elvira Coe</u>					How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>4 yrs</u>
Immediate	<u>Dropsy</u>	How long	<u>3 mos</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Marshall B. West</u> Address <u>Catonsville Md.</u>	
Accident or Suicide? <input type="checkbox"/>			

Alex Hensley
Funeral Director
1578. W. Biddle St
Brynar - o. f. Cemetery
Calonsville. Balt. Co. Md

Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	7	Day	17	Years	78
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore - Md.</i>		Months <i>4</i> Days <i>14</i>	
Occupation <i>Blacksmith & Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elizabeth Ann Cole</i>					
Father's Name <i>Thomas Cole</i>		Father's Birthplace <i>Baltimore Md.</i>					
Mother's Maiden Name <i>Rebecca Staples</i>		Mother's Birthplace <i>Carroll Co. Md.</i>					
Name of person giving information <i>J. Cole</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary

Senectus

154

How long

5 years

Immediate

Apoplexy

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

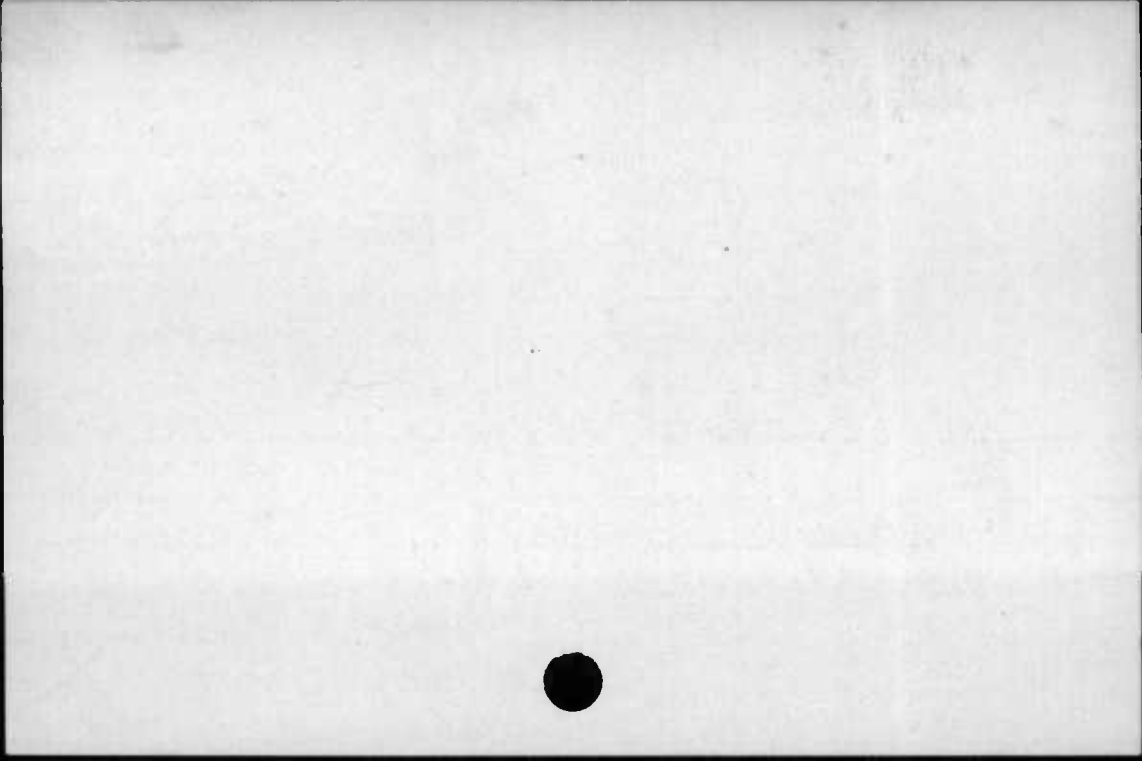
Signature of Physician

E. M. Schuler, M.D.

Address

*Baltimore**Md.*

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

Name in Full **George B. Cook**

CERTIFICATE OF DEATH

MARYLAND

Died at **Mt Hope** ^{Town} **Retriah** ^{County} **Baltimore**

Date of death **1906** ^{Month} **July** ^{Day} **22** ^{Years} **Age 54 or 55** ^{Months} **unknown** ^{Days} **unknown**

Sex **Male** Color or Race **White** Birth-place **Balto Md -**

Occupation **None** Where Residing if not at place of death **Baltimore**

Married, Single or Widowed **Single** Name of Wife or Husband _____

Father's Name **Unknown -** Father's Birthplace **unknown**

Mother's Maiden Name **"** Mother's Birthplace **"**

Name of person giving information **Reeds Mt Hope** How related to deceased **not at all**

CAUSES OF DEATH

Primary **Aquias Chronic** **91** How long **abt 30 years**

Immediate **Ex - Chron - Bronchitis & Cardiac Failure** How long _____

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Frank J. Flannery**

Address **Mt Hope Retriah Baltimore Md.**

Accident or Suicide? _____



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1906</i>	<i>July</i>	<i>21</i>	<i>21</i>	<i>3</i>	<i>3</i>
Sex	Color or Race		Birthplace		
<i>male</i>	<i>white</i>		<i>Balto.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
<i>Single</i>			<i>—</i>		
Father's Name			Father's Birthplace		
<i>William E. Cook</i>			<i>Ind.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Catherine Martin</i>			<i>"</i>		
Name of person giving information			How related to deceased		
<i>W. E. Cook</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro. Enteritis</i>	How long	<i>1 week</i>
Immediate	<i>As thymia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>M. J. McAvoy M.D.</i>	
		Address	
		<i>839 S. Canton St.</i>	
Accident or Suicide?			

Mt Carmel

H. Sander & Sons

Name
in
Full

James L. Bomba, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Arlington		County Baltimore		MARYLAND	
Date of death		1906	Month July	Day 15	Age Years	Months 4	Days
Sex Male		Color or Race White American			Birth- place Arlington Ind.		
Occupation Infant				Where Residing if not at place of death			
Married, Single or Widowed		"		Name of Wife or Husband			
Father's Name James L. Bomba				Father's Birthplace Pa			
Mother's Maiden Name Anna Paul				Mother's Birthplace Baltimore Md			
Name of person giving In formation James Bomba				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Isaemic Cerebro	How long	Life time
Immediate	Schaurstin	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		300	
Signature of Physician		Chapman Dr.	
Address		607. N. Charles St.	
Accident or Suicide?		—	

Place of Burial West —
Arlington McKendry Cemetery
Date July 17th 1906
Undertaker Wm E. Chenneth
And Son,

Address # 919 3rd Ave,
Hampden Baltimore —
City Md

Name in Full		Benjamin Calvin Cooper				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Grownstown		County Baltimore		MARYLAND		
		Date of death 1906		Month July	Day 4	Age —	Months 22.	Days —
		Sex male		Color or Race white		Birth place Bulto co.		
		Occupation skilled		Where Residing if not at place of death				
		Married, Single or Widowed —		Name of Wife or Husband —				
		Father's Name Benjamin C Cooper				Father's Birthplace Balto. Md.		
		Mother's Maiden Name Fanny E Shutt.				Mother's Birthplace Balto Md.		
Name of person giving In formation Benjamin C Cooper		How related to deceased Father						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Cholera infantum		How long 10 1/2 24 hours.		
		Immediate		Convulsions.		How long " "		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J B Gossard M.D.		
						Address Sta H Grown Baltimore.		
		Accident or Suicide? —						

Harry L Hughes

Baltimore Cemetery

Name
in
Full

Annie L. Crane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomona</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>7</i>	Day	<i>12</i>	Age	<i>62</i>	Years	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Md</i>			
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>—</i>				
Married, Single <i>Widowed</i>	Name of late or Husband		<i>Chas J Crane</i>						
Father's Name	<i>Madison Levering</i>					Father's Birthplace	<i>Md</i>		
Mother's Maiden Name	<i>Elizabeth Levering</i>					Mother's Birthplace	<i>Md</i>		
Name of person giving information	<i>C. J. Crane</i> <i>Husband</i>					How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>64</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Supposed Apoplexy</i>		Signature of Physician <i>H. J. Taylor</i> Address <i>Pittsville</i> <i>12th</i>
Accident or Suicide?		



Name
in
Full

Infant of Pearl Creswell -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pikesville Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>L. B. Hawkins</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Pearl Creswell</i>		Mother's Birthplace			
Name of person giving information <i>Susanna Creswell</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born -</i>	How long <i>7 mo - Chies</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harry A. Taylor</i>
	Address <i>Pikesville</i>
Accident or Suicide?	<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Retreat* *Baltimore*

Date of death *1906* *July* *24th* *Age* *84* *Months* *Unknown* *Days* *Unknown*
 Sex *Female* Color or Race *White* Birth-place *Brooklyn N.Y.*

Occupation *Teacher* Where Residing if not at place of death *Brooklyn N.Y.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *"*

Mother's Birthplace *"*

Name of person giving information *Reeds Mt Hope Retreat* How related to deceased *not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Wanna Chronic* How long *30 odd years*

Immediate *Ex-Uraemia* How long *Two Wks*

Are the name, age, sex, color, date and place correctly given above? *yes*

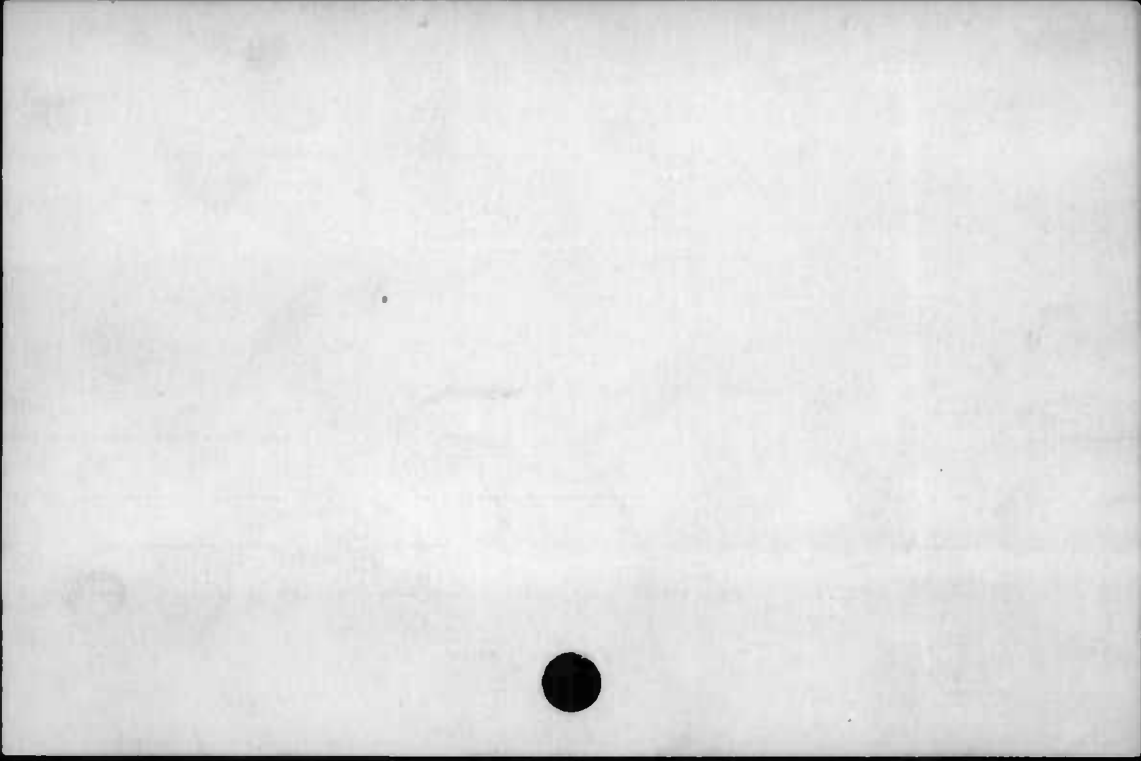
Signature of Physician *Frank J. Flannery M.D.*

Address *Mt Hope Retreat
Mount Hope Ma.*

Accident or Suicide? _____



Name in Full Charles R. Bushing		CERTIFICATE OF DEATH	
Died at Highlandtown Town		County Baltimore	
Date of death 1906 Month 7 Day 2		Age 1 Years Months Days	
Sex Male		Color or Race White	
Occupation —		Birthplace Md.	
Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —	
Father's Name Joseph. Bushing		Father's Birthplace Md.	
Mother's Maiden Name Idesia Tringling		Mother's Birthplace Md.	
Name of person giving information Wm H. Keays		How related to deceased Brother in Law	
CAUSES OF DEATH			
Primary Sastr - Enteritis		How long 2 wks.	
Immediate meningitis		How long few days.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. A. Slantz	
		Address 41 Eastern Ave. E.H.	
Accident or Suicide?			



Name
in
Full

Mary Margaretta Hannonfelter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Perry Hall.</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1906.</i>	^{Month} <i>July</i>	^{Day} <i>20th</i>	^{Years} <i>Age</i>	^{Months} <i>10</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Perry Hall.</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Frederick K. Hannonfelter</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Annie E. Sittig.</i>			Mother's Birthplace	<i>Kingsville</i>
Name of person giving information	<i>Mrs. Hannonfelter</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>About 2 mo.</i>
Immediate	<i>Broncho-pneumonia</i>	How long	<i>About 2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. J. Harrison.</i>
		Address	<i>Lock Raven.</i>
Accident or Suicide?			

St Michaels,

Name
in
Full

CERTIFICATE OF DEATH

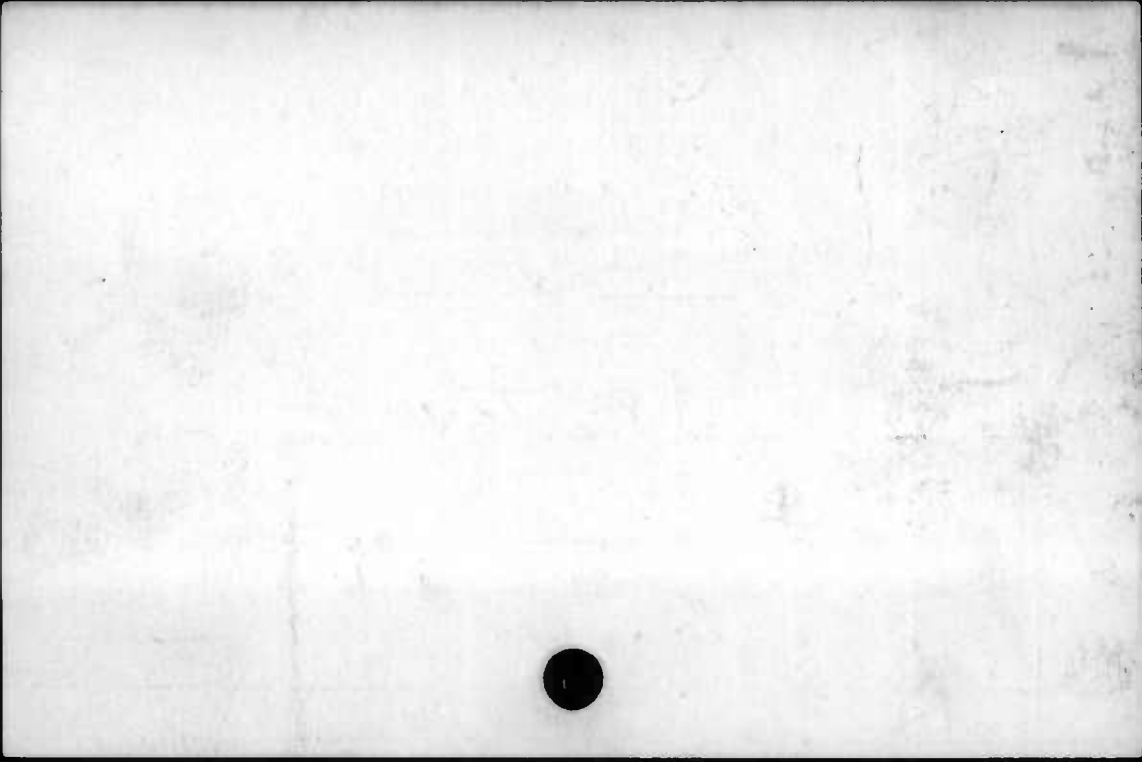
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town} <i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>July</i> ^{Day} <i>30</i> ^{Years} <i>92</i>	<i>5</i> ^{Months}	<i>5</i> ^{Days}	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>	
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Days</i>		
Father's Name <i>Caleb Gray</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Matilda Ann Gray</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>John L. Bramblett</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Degeneration</i>	How long <i>(142)</i>
Immediate <i>Genere of food</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. M. B. Rogers M.D.</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide? <i>/</i>	



Name
in
Full

Charles Howard Dayton

CERTIFICATE OF DEATH

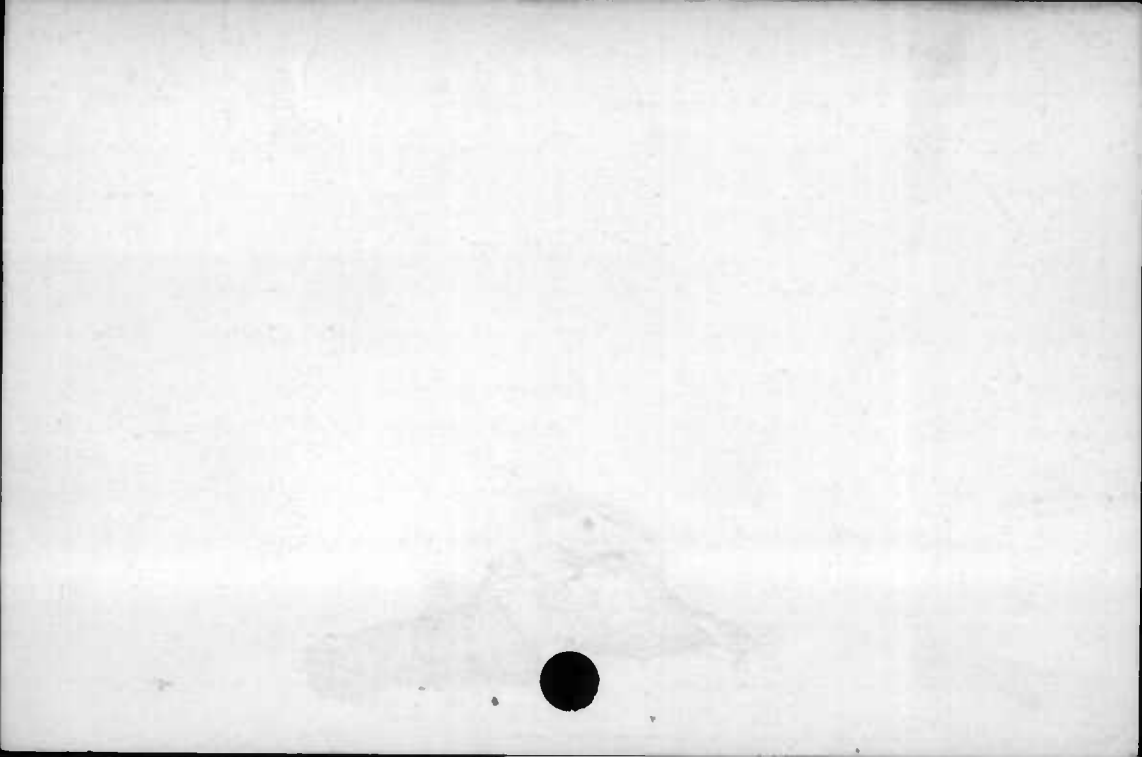
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glencoe</u> Town		<u>Baess</u> County		MARYLAND	
Date of death	1906	Month	July	Day	13
		Age	27	Months	Oct
				Days	23
Sex	Male		Color or Race	Colored	
Birthplace	Huneford Md.				
Occupation	Subover		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
married		Sarah Ellen Dayton			
Father's Name	Howard Dayton			Father's Birthplace	Unknown
Mother's Maiden Name	Liddia Buscoe			Mother's Birthplace	"
Name of person giving information	Sarah Ellen Dayton			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid</u>	How long	8 wks
Immediate	<u>Intestinal Hemorrhage</u>	How long	10 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. H. Sherman
		Address	Glencoe Baess Md
Accident or Suicide?			Co



Name
in
Full

Chas. Edgar Demoss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u>		<u>Balto</u> County		MARYLAND	
Date of death	1906	Month	July	Day	27
Age		Years	✓	Months	4
Sex	Male	Color or Race	white	Birth-place	Ind -
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Edgar Demoss		Father's Birthplace	
Mother's Maiden Name		Laura Ohler		Mother's Birthplace	
Name of person giving information		Edgar Demoss.		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	2 weeks
Immediate	"	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. F. X. Gonsch	
		Address	
		Fork Ind -	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elyzer Deputy

Died at *Highland* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death **1906** ^{Month} *July* ^{Day} *6* ^{Age} *—* ^{Years} *—* ^{Months} *—* ^{Days} *6*

Sex *Male* Color or Race *White* Birth-place *Balti Co.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Elyzer Deputy* Father's Birthplace *Delaware*

Mother's Maiden Name *Rozanna Ford* Mother's Birthplace *Maryland*

Name of person giving information *Elyzer Deputy* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

convulsion

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. S. Warner
1120 Highland Ave

Accident or Suicide?

no

Mt Carmel
H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

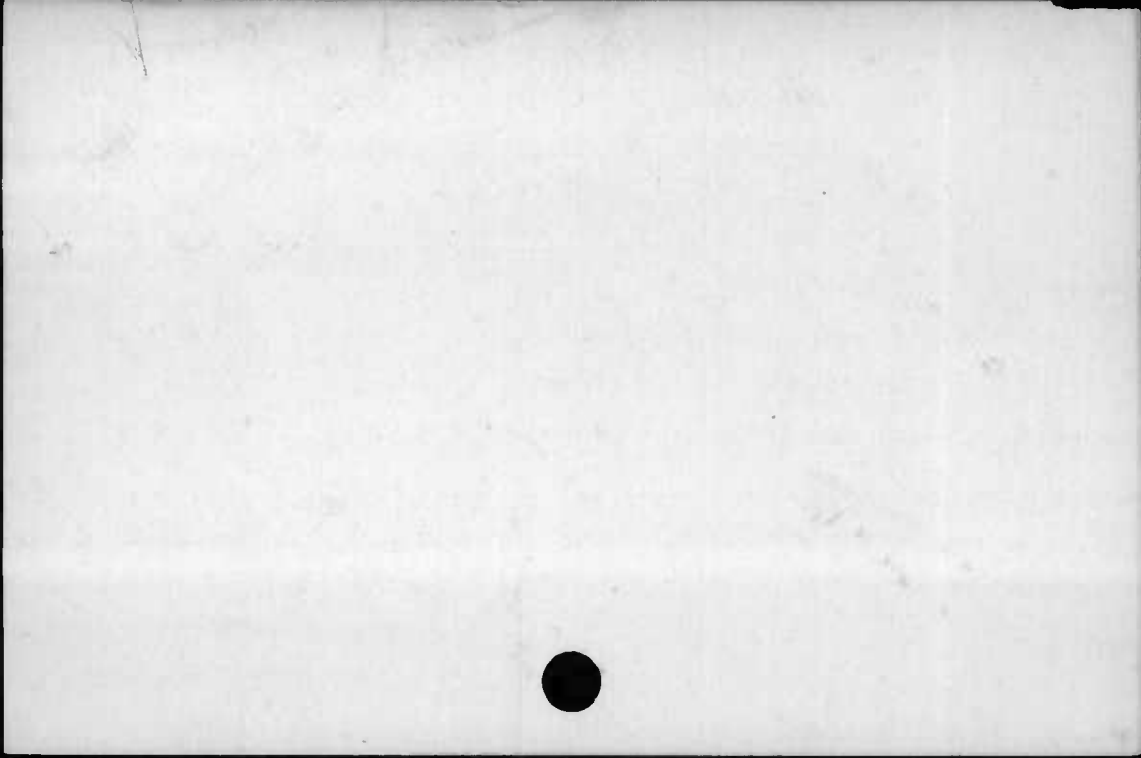
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary. Ellen Diehlmann

CERTIFICATE OF DEATH

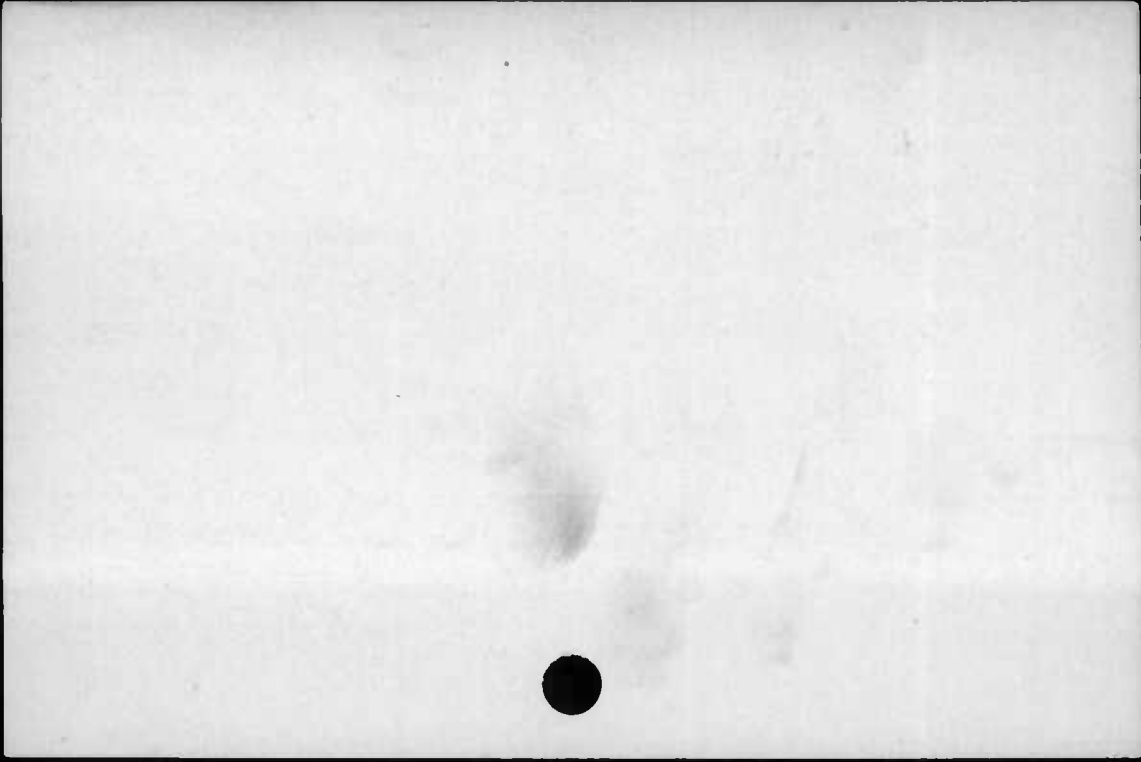
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calverton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>July</u> ^{Day} <u>9</u> ^{Years} <u>—</u>		Age <u>—</u>		<u>4</u> ^{Months} <u>21</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Baltimore</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frederick Diehlmann Jr</u>		Father's Birthplace <u>Calverton Md</u>			
Mother's Maiden Name <u>Mary. Comer</u>		Mother's Birthplace <u>Ireland</u>			
Name of person giving information <u>F Diehlmann Jr</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>2 weeks</u>
Immediate	<u>Convulsions</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Robt M. Aufeld</u>	
		Address <u>Calverton Md</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John G. Dietz*

Died at *Mountain Retreat* Town *Balto* County

Date of death *1906* Month *July* Day *28th* Age *43* Years Months *unknown* Days *unknown*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Single* Name of Wife or Husband *unknown*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Records of Mt Hope* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Melancholia* How long *abt one year*

Immediate *Ex Toxice Gastritis* How long

Are the name, age, sex, color, date and place correctly given above *yes*

Signature of Physician *Frank J. Flannery*

Address

Accident or Suicide?



Name
in
Full

Catherine Loretta Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Baltimore* ^{Town}*Baltimore* ^{County}

MARYLAND

Date
of death *1906* ^{Month} *July*Day *22*Age *—* ^{Years}Months *5*Days *19*Sex *Female*Color or
Race *White*Birth-
place *Baltimore*Occupation *—*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Matthew Joseph Doyle*Father's
Birthplace*Baltimore*Mother's
Maiden Name*Catherine Hyland Welsh*Mother's
Birthplace*Edinboro City*Name of person giving
Information*M Doyle*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Cholera Infantum
Exhaustion

How long

2 weeks

Immediate

How long

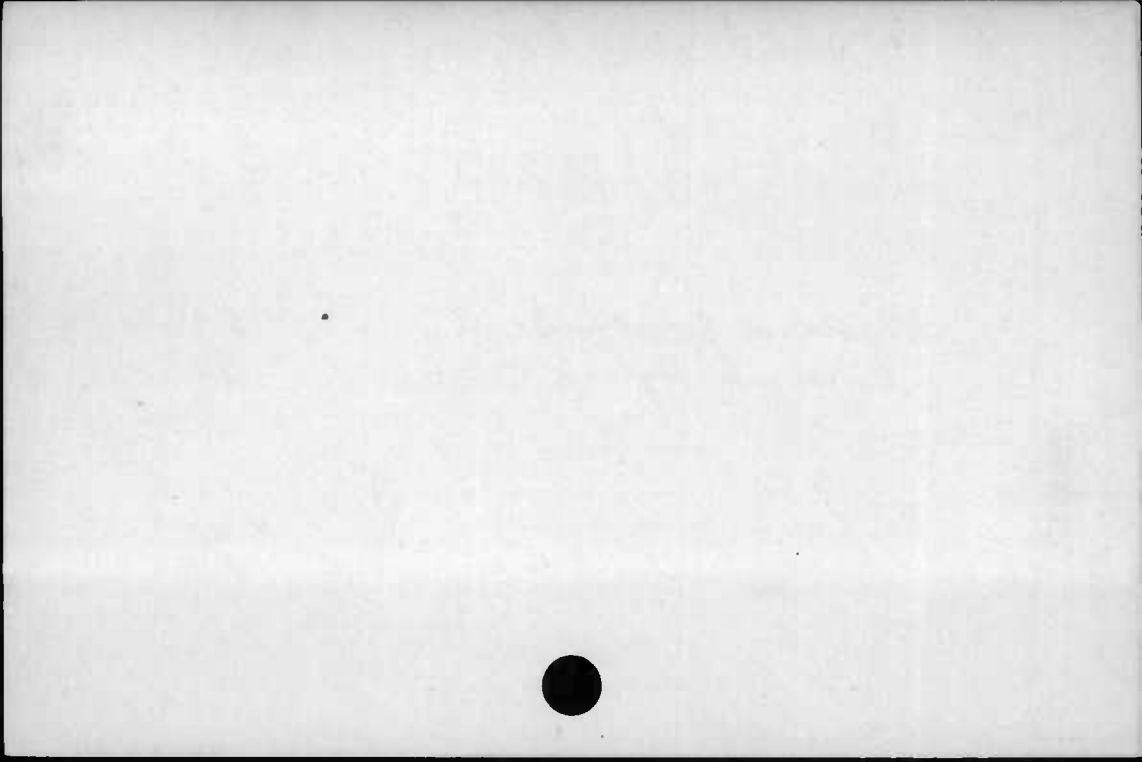
*48 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Dr. M. H. Haffield*

Address

Baltimore Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1906	Month <i>July</i>	Day <i>9</i>	Age <i>27</i>	Months <i>5</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore City Md</i>		
Occupation <i>Typewriter</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Durham</i>			Father's Birthplace <i>Balt Md</i>		
Mother's Maiden Name <i>Mary Green</i>			Mother's Birthplace <i>Balt Md</i>		
Name of person giving information <i>Mr May Green Durham</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>P. Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Aschemia</i>	How long <i>2 mrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J Todd</i>
	Address <i>Washington Md</i>
Accident or Suicide?	



Name
in
Full

August Eckle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle River</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1906	Month	July	Day	31	Age	64
Sex		male		Color or Race		white	
Occupation		Keeper of Store		Where Residing if not at place of death		—	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		—		Father's Birthplace		—	
Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving information		Sister M. H. H. H. H.		How related to deceased		Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Alcoholism</i>	How long	<i>3 mos</i>
Immediate	<i>Heart Failure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>John W. Harrison M.D.</i>	
No		Address	
Accident or Suicide?		<i>Middle River Md</i>	



Name in Full		Eva May Edmonston				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Dickesville		County Balt Co		MARYLAND
	Date of death		1906	Month 7	Day 13	Age	Years 5 Months 15 Days
	Sex		Female		Color or Race		White
	Occupation		none		Birth-place		Dickesville
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		Alvin B. Edmonston		Father's Birthplace		Ind
Mother's Maiden Name		Minnie E. Lloyd		Mother's Birthplace		Ind	
Name of person giving information		Alvin B. Edmonston		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marasmus		How long		1 month
	Immediate		Transition		How long		2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A.C. Smith M.D.
					Address		Woodlawn Sta. Md.
	Accident or Suicide?						

Ridge Cemetery
Jos B Cook

Name in Full		Frank Egert				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Union Abolition</i>		County <i>Balto</i>		MARYLAND		
		Date of death 190 <i>6</i>	Month <i>7</i>	Day <i>17</i>	Age <i>38</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md</i>		
		Married, Single or Widowed <i>Single</i>		Occupation <i>Plumber</i>				
		Name of Wife or Husband <i>—</i>						
		Father's Name <i>John Egert</i>				Father's Birthplace <i>Germany</i>		
		Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>		
		Name of person giving information <i>William B Egert</i>				How related to deceased <i>—</i>		
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary <i>falling from scaffold</i>				How long <i>Immediate</i>		
		Immediate <i>Contusion of the Head</i>				How long <i>Immediate</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>August W. Miller, Coroner</i>		
		Address <i>Mr Williams</i>				Address <i>Balto Md</i>		
		Accident or Suicide? <i>accident</i>						

Permission is hereby given to Will
funeral director to remove the body of
Frank Egert from Balto County to Balto
City -

August W. Miller Coroner
Balto Co Md

Wm. H. S.

Name
in
Full

Henry Ehlers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Notch Bluff</i> ^{Town}		<i>Baltimore</i> ^{County}			
Date of death	1906	Month	<i>July</i>	Day	<i>21st</i>
Age	<i>76</i>	Years	<i>76</i>	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Germany</i>
Occupation	<i>Farmer</i>				
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or husband <i>Mary Ann Counsel</i>			
Father's Name		<i>Ehlers</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name		<i>Sophia Gent</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information		<i>Mrs. M. A. Ehlers</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diarrhoea</i>	How long	<i>about 2 weeks</i>
Immediate	<i>Dysentery</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>H. J. Harrison</i>	
		Address <i>Loch Haven</i>	
Accident or Suicide?			

273

Waucho Chapel

Name in Full		Kate Elliott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catonsville		County Baltimore		STATE MARYLAND
	Date of death		1906	Month July	Day 2	Age	Years 73
	Sex		female		Color or Race white		Birth-place Maryland
	Occupation worked in mill				Where Residing if not at place of death		
	Married, Single or Widowed		single		Name of Wife or Husband		
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Nephritis			How long about 4 years	
	Immediate		acute attacks of same			How long about a week	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician H. Rushmer White	
						Address Catonsville	
	Accident or Suicide?					yes	

George J. Smith Co.
Druid Ridge Cemetery

Name
in
Full

William Eppig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taorm</i> Town		<i>Baeto</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>7</i>	Day <i>2</i>	Age <i>20</i>	Years <i>6</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Taorm</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph B. Eppig</i>			Father's Birthplace <i>Ida</i>		
Mother's Maiden Name <i>Emily Blakeley</i>			Mother's Birthplace <i>Ida</i>		
Name of person giving information <i>Jos Eppig</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ischemic Heart</i>	How long <i>6 days?</i>
Immediate <i>Cyanosis</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Massenburg M.D.</i>
<i>Yes</i>	Address <i>Taorm</i>
Accident or Suicide?	

John Burns' Sons

Intermont

Mt Marie

Town

Name
in
Full

Olivia Walter Evans

CERTIFICATE OF DEATH

Died at Roland Park <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death 1906 <small>Year</small>		July <small>Month</small>		20 <small>Day</small>	
Female <small>Sex</small>		White <small>Color or Race</small>		10 <small>Months</small>	
Wife <small>Occupation</small>		White <small>Birth-place</small>		19 <small>Days</small>	
Married, Single <small>Married, Single</small>		Frank G. Evans <small>Name of Wife or Husband</small>		Roland Park <small>Where Residing if not at place of death</small>	
J. Glenn Cook <small>Father's Name</small>		Maryland <small>Father's Birthplace</small>			
Agnes Walter <small>Mother's Maiden Name</small>		do <small>Mother's Birthplace</small>			
Frank G. Evans <small>Name of person giving information</small>		Husband <small>How related to deceased</small>			

CAUSES OF DEATH

Primary	Carcinoma of Breast	3 years <small>How long</small>
Immediate	Recurrence in Spine & Pleura	4 months <small>How long</small>
Are the name, age, sex, color, date and place correctly given above? Yes		M. Gibson Porter <small>Signature of Physician</small>
		Roland Park Md. <small>Address</small>
No <small>Accident or Suicide?</small>		Thomas C. Shaver J.H.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Druid Ridge
Cemetery July 23rd 1906
Stewart & Mowen

215 Park Ave
Baltimore Md.

Name
in
Full

William Fisher

CERTIFICATE OF DEATH

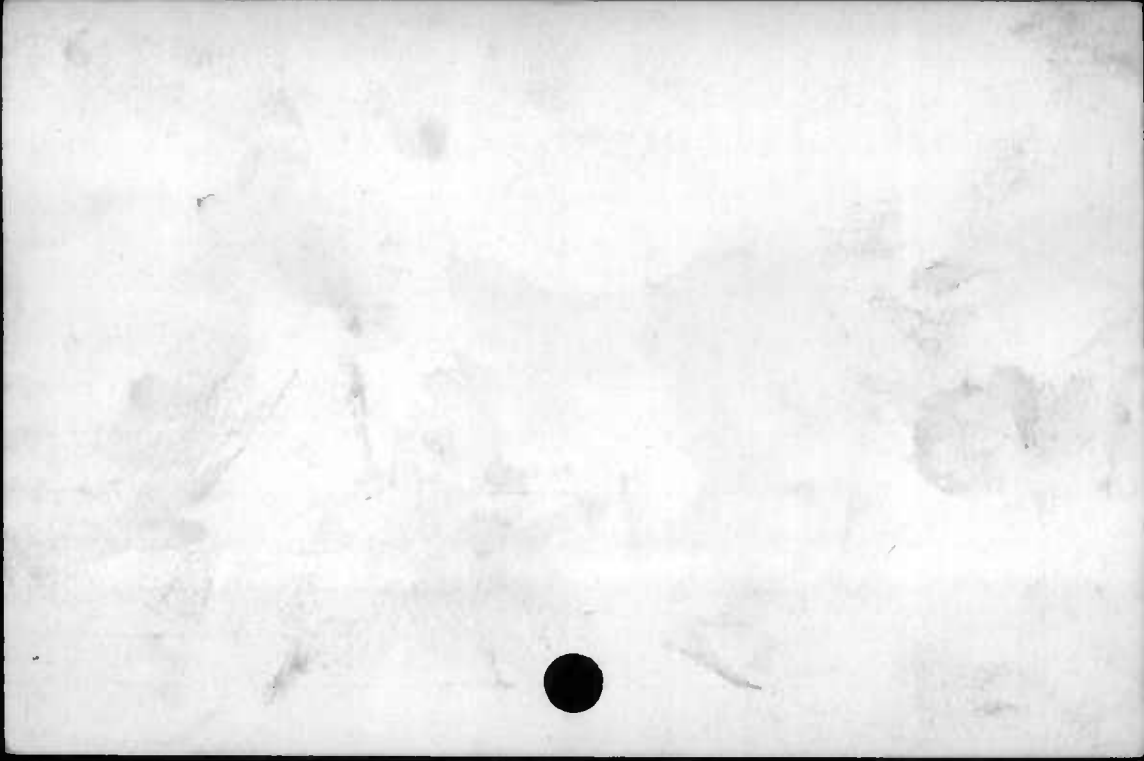
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>July</u>	Day <u>22</u>	Age <u>34</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Waiter</u>				
Name of Wife or Husband <u>Hattie Fisher</u>					
Father's Name <u>Jarvis Fisher</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Bessie Dansey</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Henson Dorsey</u>			How related to deceased <u>Brother-in-Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>6 mos.</u>
Immediate <u>Tuberculosis</u>	How long <u>6 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall B West</u>
	Address <u>Catonsville, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDName *Samuel Flafer*
Died at *Ballo. Co. Alleshouse* ^{Town} *County*Date of death *1906* ^{Month} *7* ^{Day} *23* ^{Years} *Age 80* ^{Months} ^{Days}Sex *Male* Color or Race *White* Birth-place *Ballo. Co. Md.*Occupation Where Residing if not at place of death Married, Single or Widowed *Single* Name of Wife or Husband Father's Name Father's Birthplace Mother's Maiden Name Mother's Birthplace Name of person giving information *J. M. Ennor* How related to deceased *None*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given, above?

Signature of Physician

Address

Accident or Suicide?

Body To be buried on
premises

Name
in
Full

Morgan Willard Ford.

CERTIFICATE OF DEATH

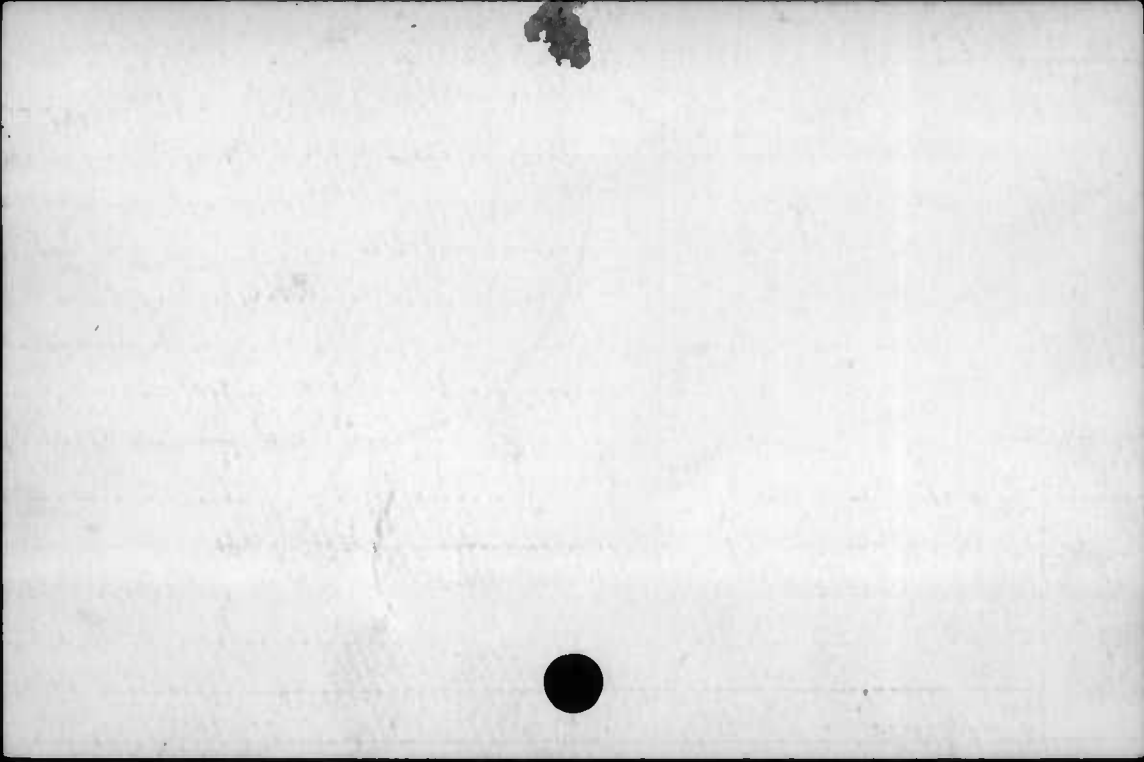
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Warren		County Balto		MARYLAND	
Date of death 1906		Month 7	Day 31	Age Years		Months 2	Days
Sex Male		Color or Race White		Birth- place Warren			
Married, Single or Widowed Single		Occupation None					
Name of Wife or Husband							
Father's Name Henry Ford				Father's Birthplace Ind			
Mother's Maiden Name Anne Fisher				Mother's Birthplace Ind			
Name of person giving Information Henry Ford				How related to deceased father -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera dysenteria	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm. C. Ensworth	
		Address Cockeyville Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

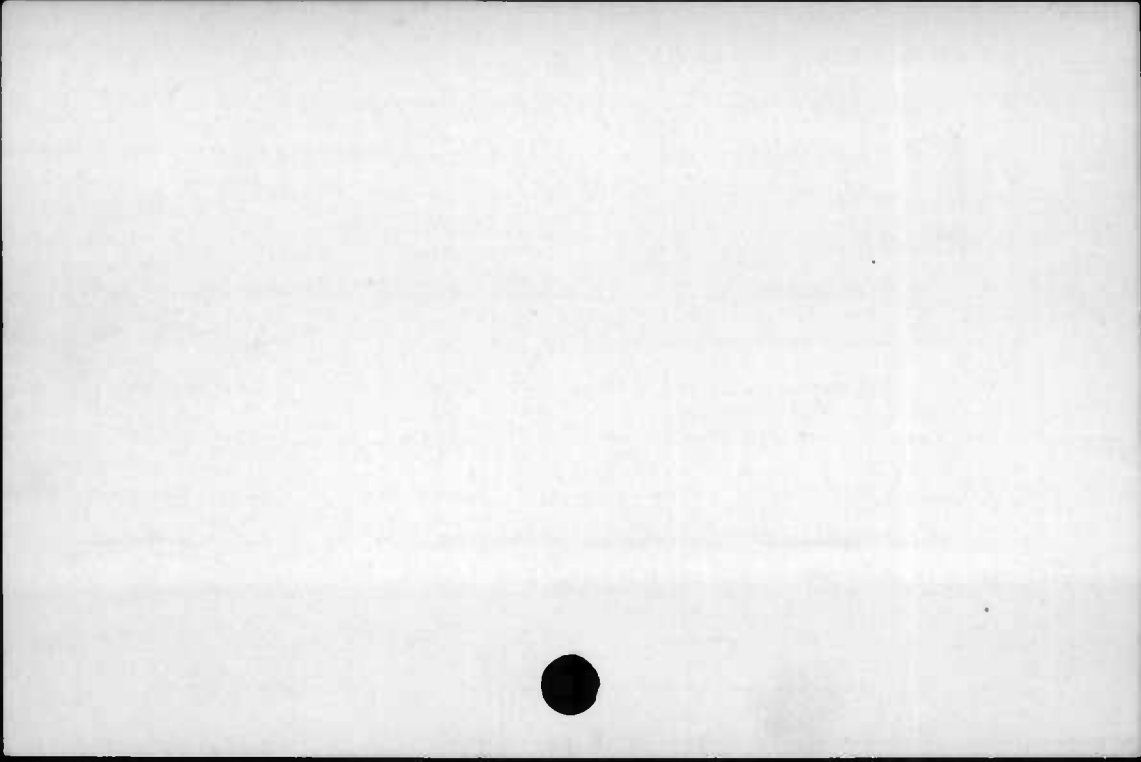
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Mary J Foreman</i>		Town <i>Baltimore</i>		County		MARYLAND	
Died at		Month <i>July</i>		Day <i>5</i>		Years <i>58</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Valentine Foreman</i>					
Father's Name <i>Hoffins</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Valentine Foreman</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis</i>	How long	<i>19</i>
Immediate	<i>Pulmonary Edema</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Shaw</i>	
<i>Yes</i>		Address <i>St Agnes' Hospital City.</i>	
Accident or Suicide?			



Name
in
Full

Lillian De Fraetis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sparrows Point		^{County} Baltimore		MARYLAND	
Date of death	1906	Month	July	Day	28 th
Age		Years		Months	
Sex		Female		Color or Race	
Occupation		white		Birth-place	
Where Residing if not at place of death		Sparrows Point		" "	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Emanuel De Fraetas		Father's Birthplace	
Mother's Maiden Name		Mary Gomes		Mother's Birthplace	
Name of person giving information		Mary De Fraetas		How related to deceased	
		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	2 weeks
Immediate	Convulsion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		G. B. McCormick M.D.	
Address		Sparrows Point	
Accident or Suicide?		No	

St Stanislaus Cem

July 30th 1906

St Nicolaus & son

1820 Canton Ave

Funeral Directors

Name

in
Full

Walter E. French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parlston</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	Month <u>July</u>	Day <u>5</u>	Years <u>43</u>	Months <u>7</u> Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Barber</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edith May French</u>				
Father's Name <u>William French</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary Jeffries</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Edith May French</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Tuberculosis</u>	How long <u>1 year</u>
Immediate <u>Acute hemorrhage</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. W. Lippert & B. R. Brown</u>
	Address <u>Parlston</u>
Accident or Suicide? <u>No</u>	<u>Md</u>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *John M. Gauthier* Town *Mt Hope Retreat* County *Belthmon*Date of death *1906* Month *July* Day *23rd* Age *36* Years Months DaysSex *Male* Color or Race *White* Birthplace *Maryland*Occupation *School Teacher* Where Residing if not at place of death *Rockville Md.*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *" "*

Mother's Birthplace

Name of person giving information *Reeds Mt Hope*

How related to deceased

CAUSES OF DEATH

Primary *Melancholia Chronic*How long *abt 3 yrs -*Immediate *Ex. Pul. Tuberculosis*

How long

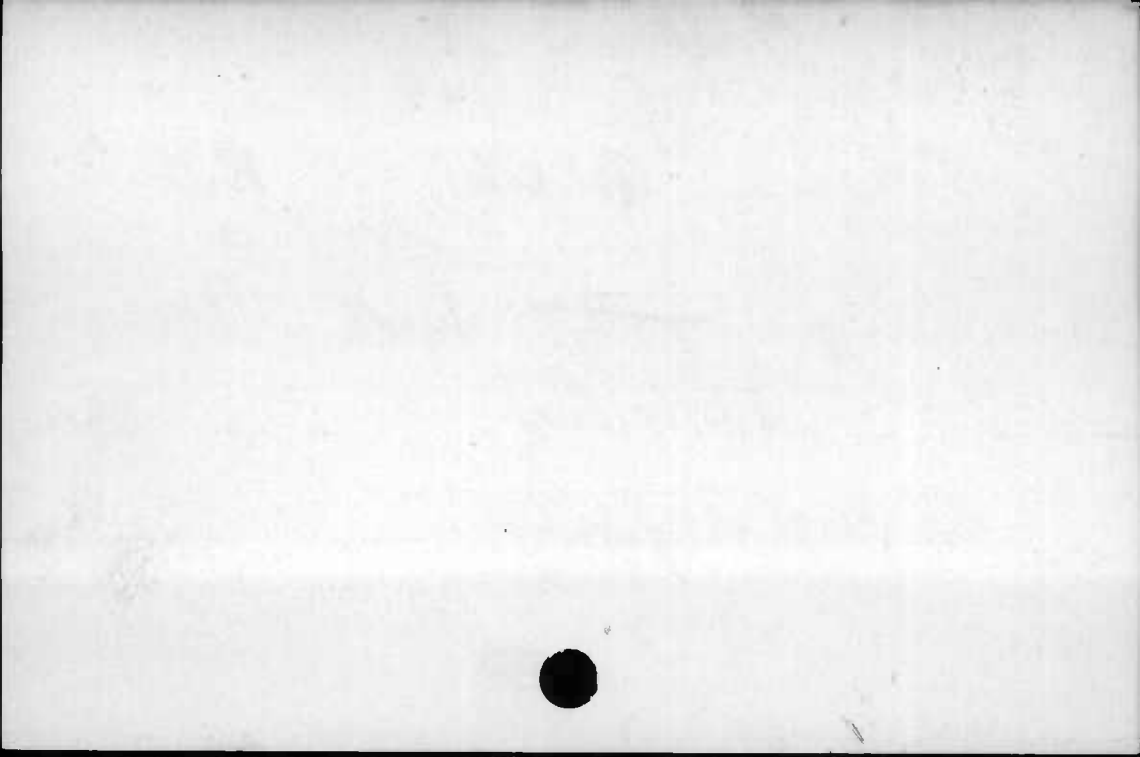
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Frank J. Flammern
Mt Hope Retreat
Belthmon Co Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

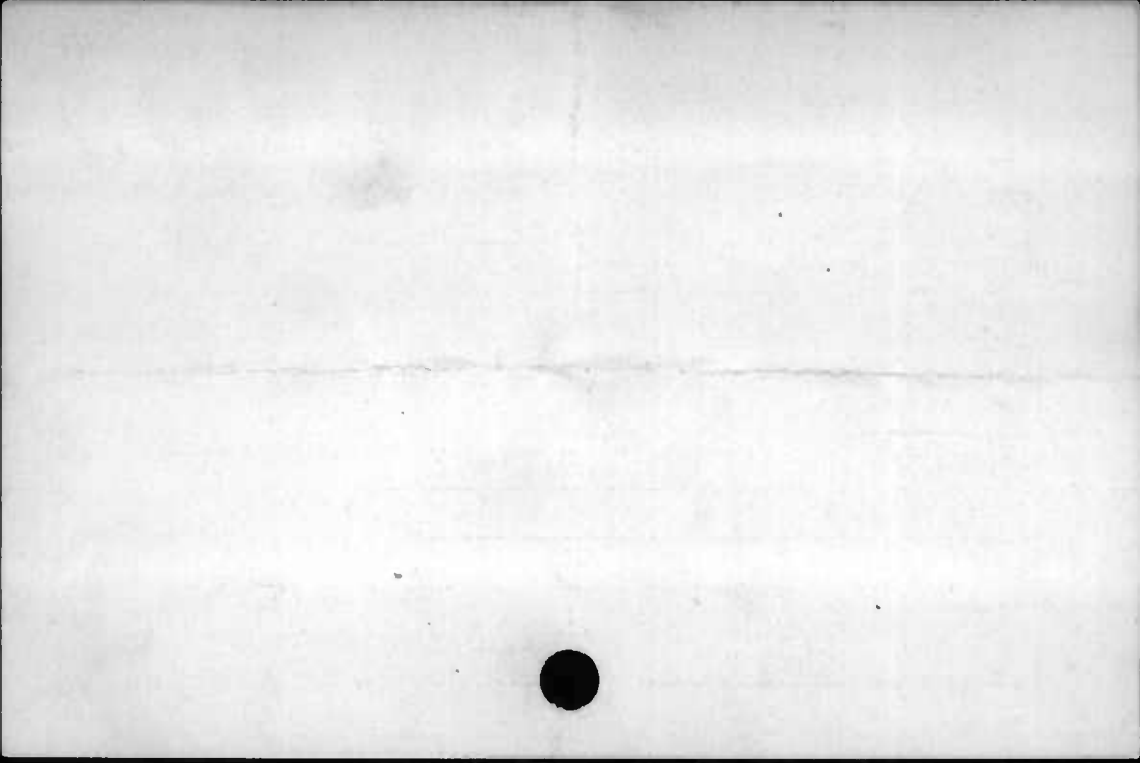
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ruth Gaskins</i>		Town <i>Porto Point</i>		County <i>Balto</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>7</i>		Age <i>3</i>	
Date of death 190		Month <i>7</i>		Day <i>7</i>		Years <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Porto Point</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Gaskins Smith</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Mary Gaskins</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>24</i>
Immediate <i>Exhaustion</i>	How long <i>24</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Schuchfeld</i>
	Address <i>1400 First St</i>
Accident or Suicide?	



Name
in
Full

Blanch Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Violetnick</i>		County <i>Bald</i>			
Date of death	1906	Month <i>July</i>	Day <i>28</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>	Days <i>26</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Violetnick</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Charles Gilbert</i>					Father's Birthplace	<i>Bald</i>
Mother's Maiden Name	<i>Teresa Ames</i>					Mother's Birthplace	<i>Bald</i>
Name of person giving information	<i>Teresa Gilbert</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sleep - Apoplexy</i>	How long	<i>10 days</i>
Immediate	<i>Coma</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. W. Jones M.D.</i>
		Address	<i>Irvington</i>
Accident or Suicide?	<i>No</i>		

C. W. Dill
London

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bachmire</i> Town		<i>Billiland</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>13</i>	Age <i>41</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Asbland Harford Co.</i>		
Occupation <i>Clerk</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jennie B. Keane Iselliland</i>				
Father's Name <i>David Iselliland</i>	Father's Birthplace <i>Harford Co.</i>				
Mother's Maiden Name <i>Alice Kearney</i>	Mother's Birthplace <i>Balto, Md.</i>				
Name of person giving information <i>Wm B Iselliland</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. Shaw</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Full

CERTIFICATE OF DEATH

Died at <i>16th & First Ave</i>		Town <i>Balto</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>3</i>		Age <i>52</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Austria</i>		Months <i>--</i> Days <i>--</i>	
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>--</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Hofus</i>					
Father's Name <i>Joseph Hofus</i>		Father's Birthplace <i>Austria</i>					
Mother's Maiden Name <i>Mary Adeuko</i>		Mother's Birthplace <i>Austria</i>					
Name of person giving information <i>Mary Lesnick</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary	<i>My blood Menor</i>	How long	<i>10 days -</i>
Immediate	<i>Heart Exhaustion</i>	How long	<i>7</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. N. Hickey</i>	
		Address <i>2 W 2nd St</i>	
Accident or Suicide? <i>--</i>			

Frank Coak-

Holy Redeemer County

Name
In
Full

Mary Elizabeth Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Paradise* Town *Dalts, Co., Md.* County *Md.*

MARYLAND

Date of death 1906 *July* Month *24* Day *75* Age *6* Months *24* DaysSex *Female* Color or Race *White* Birth-place *Dalts, City, Md.*Married, Single or Widowed *Widow* Occupation *_____*Name of Wife or Husband *Charles E. Gray*Father's Name *Saml. M. Reese* Father's Birthplace *Hartford Co., Md.*Mother's Maiden Name *Ann. George* Mother's Birthplace *Dalts, City, Md.*Name of person giving information *Jacob Haden Jr.* How related to deceased *Son in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Apoplexy* *64* How long *about 2 years*
Immediate *Cerebra* How long *12 hrs*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *I W. Stultz M.D.*Address *Calverton, Md.*

Accident or Suicide?



Name
in
Full

Unnamed - Male

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rossville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>July</u> <small>Day</small> <u>7</u>		Age <u>-</u> <small>Years</small>		Month <u>7</u> <small>Days</small> <u>-</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Ind</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Henry Hale</u>		Father's Birthplace <u>va</u>			
Mother's Maiden Name <u>Margaret Annoss</u>		Mother's Birthplace <u>va</u>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>1 week</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. V. Moore</u>	
		Address <u>Rossville Ind</u>	
Accident or Suicide? <u>-</u>			

Joudens Chappel

Name
in
Full

Emma Hannemann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taworn</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>7</i> ^{Month}	<i>11</i> ^{Day}	<i>51</i> ^{Years}	<i>—</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>		
Occupation <i>Wife</i>		Where Residing if not at place of death <i>Taworn</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Hannemann</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Hm Hannemann</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Stomach</i>	How long <i>Several Years</i>
Immediate <i>Gastritis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr R C Massenburg</i>
	Address <i>Taworn</i>
Accident or Suicide?	

John Burns' Sons
Tavern

Interment

Prospect Hill
Tavern

Name
in
FullJoseph
Brays

Harriday

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date

of death 1906

Month

July

Day

14

Age

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Brays

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph Harriday

Father's
Birthplace

Ma

Mother's
Maiden Name

Effa Ford

Mother's
Birthplace

"

Name of person giving
Information

Joseph Harriday

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Eclia Uterine Asphyxia

How long

5 minutes.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Elija Matthews

Address

Pm C L Maffett St D
Health Officer Dist
Calverton Md

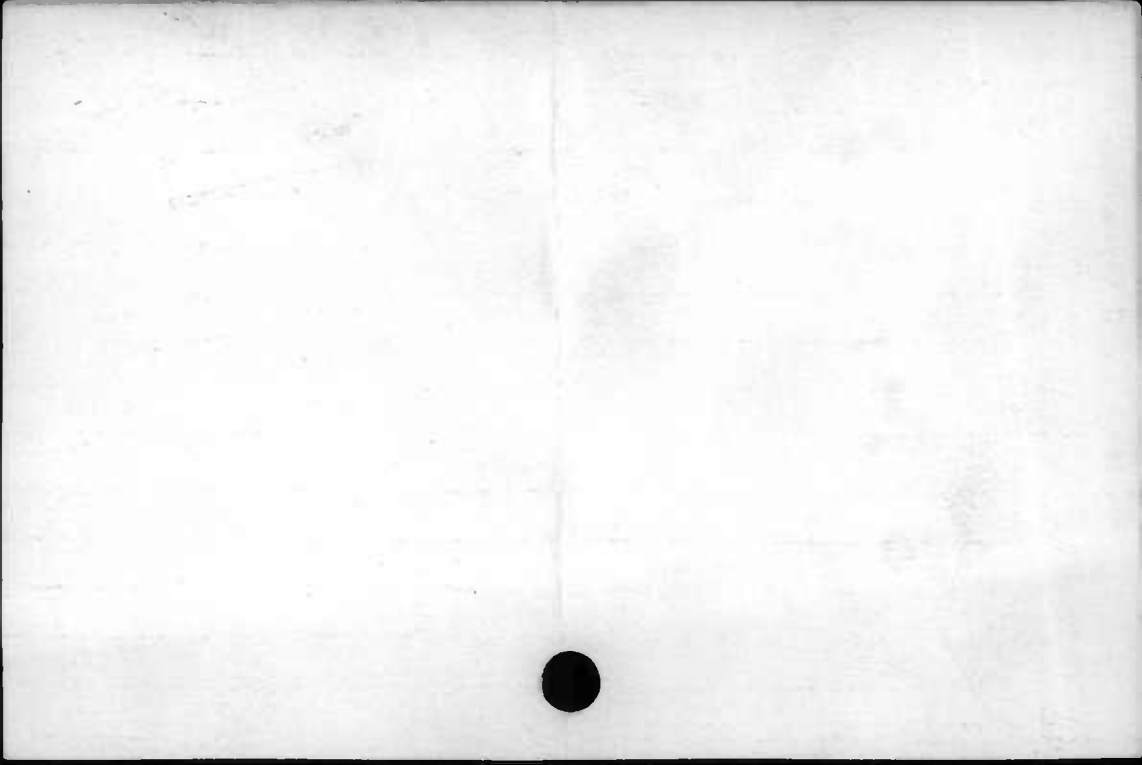
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Edward Harris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Shaner</i> Town		County <i>Baltimore</i>		MARYLAND	
		Date of death <i>1906</i> Month <i>July</i> Day <i>8</i>		Age <i>73</i> Years		Months <i>5</i>	Days <i>28</i>
		Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Louise Amos</i>			
		Father's Name <i>David Harris</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Maria Williams</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Louise Harris</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Nephritis</i>		How long	<i>3 years</i>
	Immediate	<i>Nephritis</i>		How long	<i>5 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>W. Millard Sterling</i>	
				Address <i>Shaner</i>	
				<i>md</i>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rolling Road</i> <small>Town</small> <i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1906 July 21</i>	Month <i>July</i> Day <i>21</i> Years <i>58</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place	
Occupation <i>None</i>	Where Residing if not at place of death <i>Baltimore City</i>		
Married Single <i>Single</i>	Name of Wife or Husband <i>Single</i>		
Father's Name <i>Benjamin M. Heighe</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annie M. Baltzell</i>	Mother's Birthplace <i>do</i>		
Name of person giving information <i>F. C. Heighe</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency & Hypertrophy Heart</i>	How long <i>Years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>James C. Clarke</i>
	Address <i>1701 Madison Ave</i>
Accident or Suicide?	

Lacht

Please grant
permit to bury in
Greenwood Cemetery
& return to us at
once
Stewart & Morren

Name

is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joe A. Hemler

Town *Harrisonville* County *Balto*

Died at *Harrisonville*

Date of death *1906* Month *July* Day *14* Age *68* Years Months *10* Days *25*

Sex *Male* Color or Race *White* Birth-place *Penn*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Emma Hemler*

Father's Name *Don't Know* Father's Birthplace *Don't Know*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving information *C. H. Hemler* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

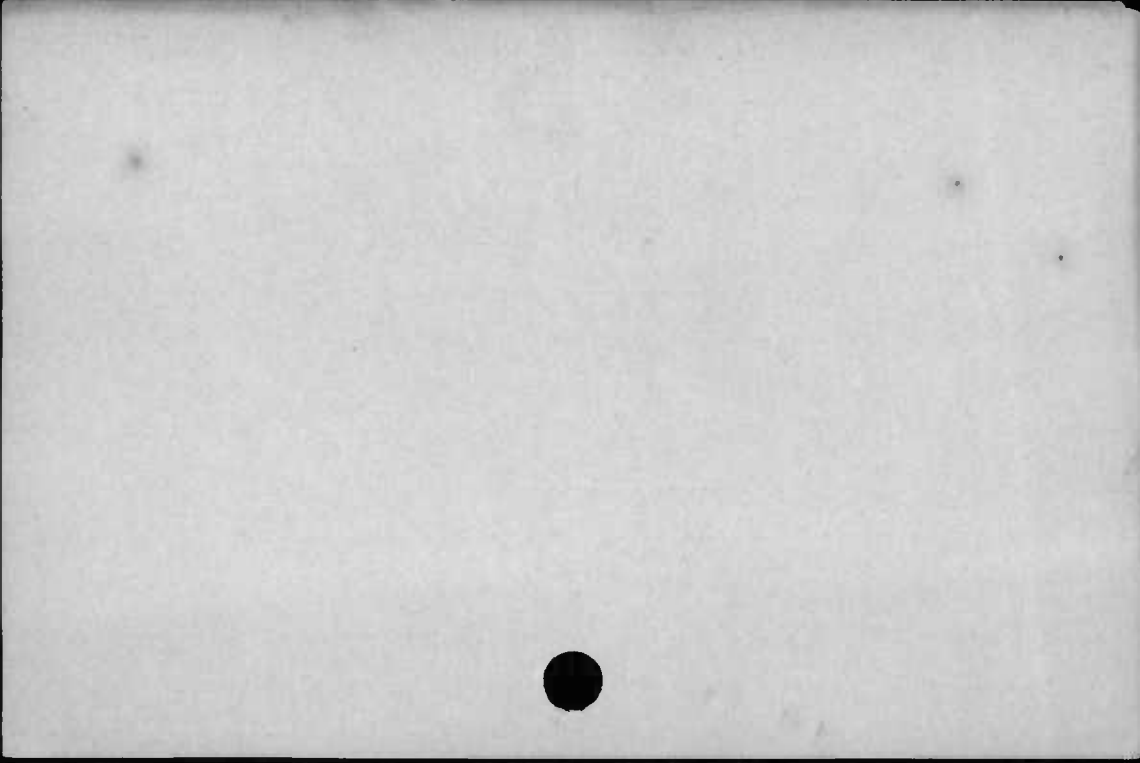
Primary *Heart Disease* *179* How long *drooped*

Immediate *Dead*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. H. Wells*

Address *Harrisonville*

Accident or Suicide? *—*



Name
in
Full

Amelia Kemmle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	July	Day	3
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Andrew Himmeler</i>			
Father's Name <i>Frederick Himmeler</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Charles Himmeler</i>		How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Mania</i>	How long	<i>3 wks</i>
Immediate	<i>Heart Exhaustion</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Buckner White</i>	
		Address <i>Catonsville</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland town</i> ^{Town}		<i>Salts</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>7</i>	Day	<i>4</i>
Age		Years		Months	Days
<i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balti Co</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>329 Gough</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Herman P. Herda</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Annie Weicher</i>		Mother's Birthplace <i>Balti. Md</i>			
Name of person giving information <i>Albert Herda</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis</i>	How long	<i>5 da</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. L. Gough, M.D.</i>
	<i>No</i>	Address	<i>329 Gough, Highlandtown</i>
Accident or Suicide?			

Mr Carmel
Lynn
J Hennig & Son

Name
in
Full

CERTIFICATE OF DEATH

Cecelia A. Herrick

MARYLAND

Died at *Bay View Junction*

Balto.

Date of death *1906*

Month *7*

Day *28*

Age

Years *—*

Months *8*

Days *—*

Sex *Female*

Color or Race

White

Birth-place

Balto. Co.

Occupation

Where Residing if not at place of death

Bay View Junction

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Geo Herrick

Father's Birthplace

Balto.

Mother's Maiden Name

Cora Diamond

Mother's Birthplace

" "

Name of person giving information

Cora Herrick

How related to deceased

Mother

CAUSES OF DEATH

Primary

Cholera Infantum

How long

10 day.

Immediate

Cholera Infantum

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. I. Warner
#20 Highland

Accident or Suicide?

No

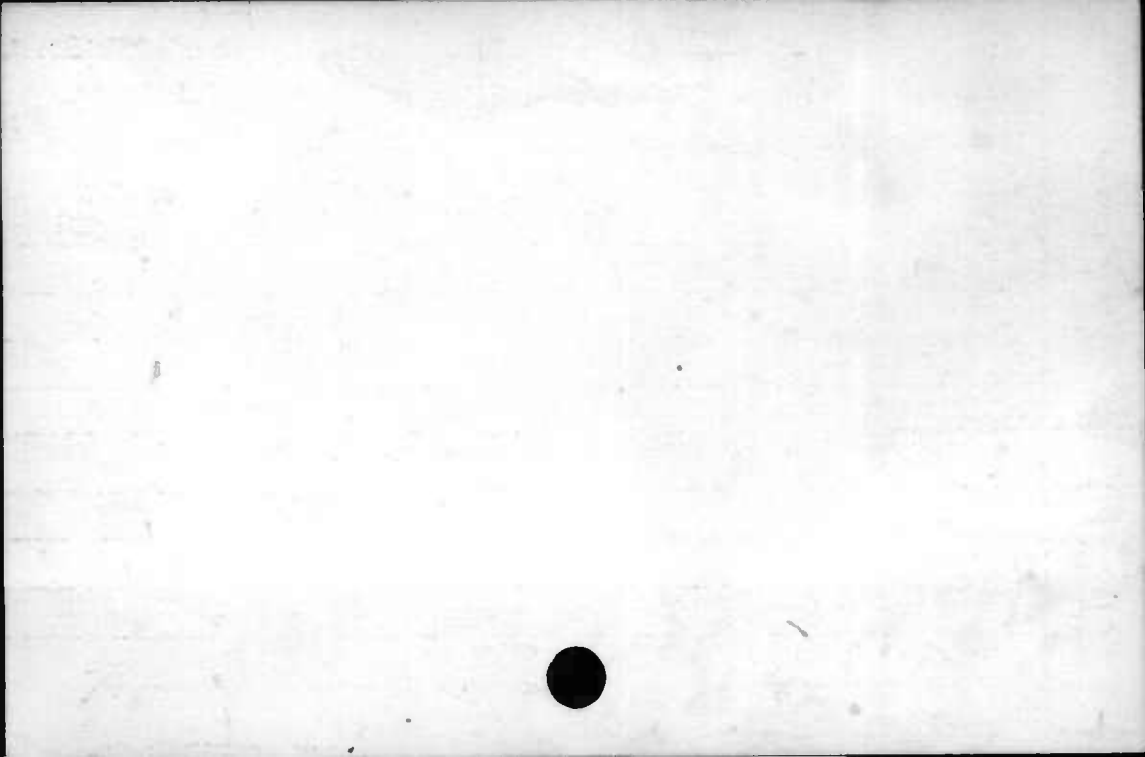
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

M. Carmel Lem.

Hernig & Son
7/28/06

Name in Full		CERTIFICATE OF DEATH			
Ruth. Goppia Hershey		Died at ^{City} <i>Wal Kers</i>		^{County} <i>Baltimore</i>	
		MAYLAND			
Date of death		1906	Month <i>July</i>	Day <i>12</i>	Age <i>11</i> Months <i>23</i> Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Barkton Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>John. G. Hershey</i>		Father's Birthplace <i>N York Cala</i>	
Mother's Maiden Name		<i>ella. B. Wine Miller</i>		Mother's Birthplace <i>Baltimore Md</i>	
Name of person giving information		<i>John G. Hershey</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH					
Primary		<i>Gastro-Enteritis</i>		How long <i>2 weeks</i>	
Immediate		<i>Meningitis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>R. R. Harris</i>	
		Address <i>Proctor</i>		<i>Md</i>	
Accident or Suicide?					



Name
in
Full

Edward

Hinkelman 7/3/II

CERTIFICATE OF DEATH

Died at Roland Park

Town

Baltimore

County

MARYLAND

Date
of death 1906

Month

7

Day

29

Years

Age 23 about

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Balt City

Occupation

Coach Painter

Where Residing If not
at place of death

1136 Argyle Ave

Married, Single
or WidowedName of Wife or
Husband

Single

Father's
Name

W. A. Hinkelman

Father's
Birthplace

Balt City

Mother's
Maiden Name

Lolla Vander

Mother's
Birthplace

Balt City

Name of person giving
Information

W. A. Hinkelman

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Suicide

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Thomas S. Stanley, Jr. P.

Address

14 Coans Chapel Road

Accident or Suicide?

Station C Roland Park P.O.

LIBRARY BUREAU A88518

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A S Marshall

3539 Fall Road

to 1136 Argyle Ave

Baltimore City July 29 (1906)

Name
in
Full

Hoch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Lansdowne*

^{County} *Balt*

Date of death *1906*

Month *July*

Day *26*

Age

Years

Months

Days *6*

Sex *Female*

Color or Race *white*

Birth-place *Balt Co Md*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Nicholas Hoch

Father's Birthplace

Germany

Mother's Maiden Name

Minnie Glach

Mother's Birthplace

Balt Co Md

Name of person giving information

Nicholas Hoch

How related to deceased

father

CAUSES OF DEATH

17

PHYSICIAN
OR CORONER

Primary

Trismus Neonatorum

How long

Immediate

4

4

How long

Are the name, age, sex, color, date and place correctly given above?

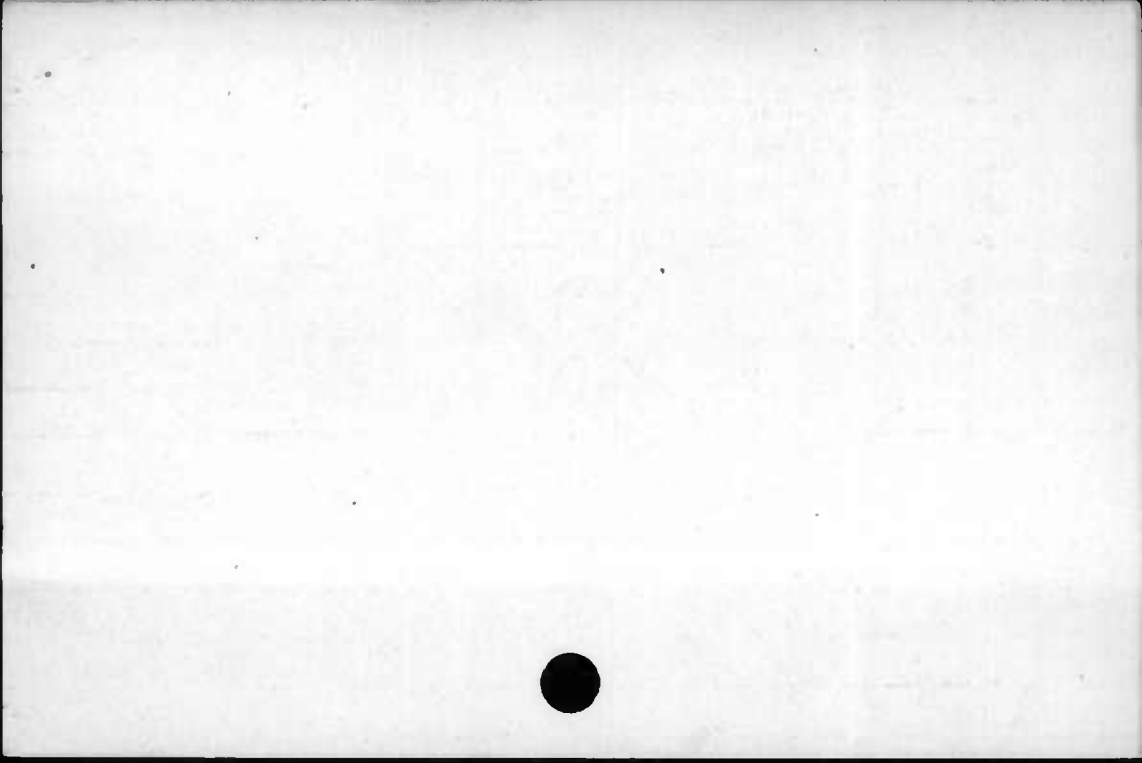
Signature of Physician

Frank H. Rabe

Address

Lansdowne Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Jane Haltzner* Town *Hampstead* County *Baltimore*

Died at *Hampstead*

Date of death *1906* Month *7* Day *1* Age *71* Years Months *9* Days *9*

Sex *Female* Color or Race *White* Birth-place

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *William Haltzner*

Father's Name Father's Birthplace

Mother's Maiden Name *Fidler* Mother's Birthplace

Name of person giving information *David Kater* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long

About 3 weeks

Immediate

Apoplexy

How long

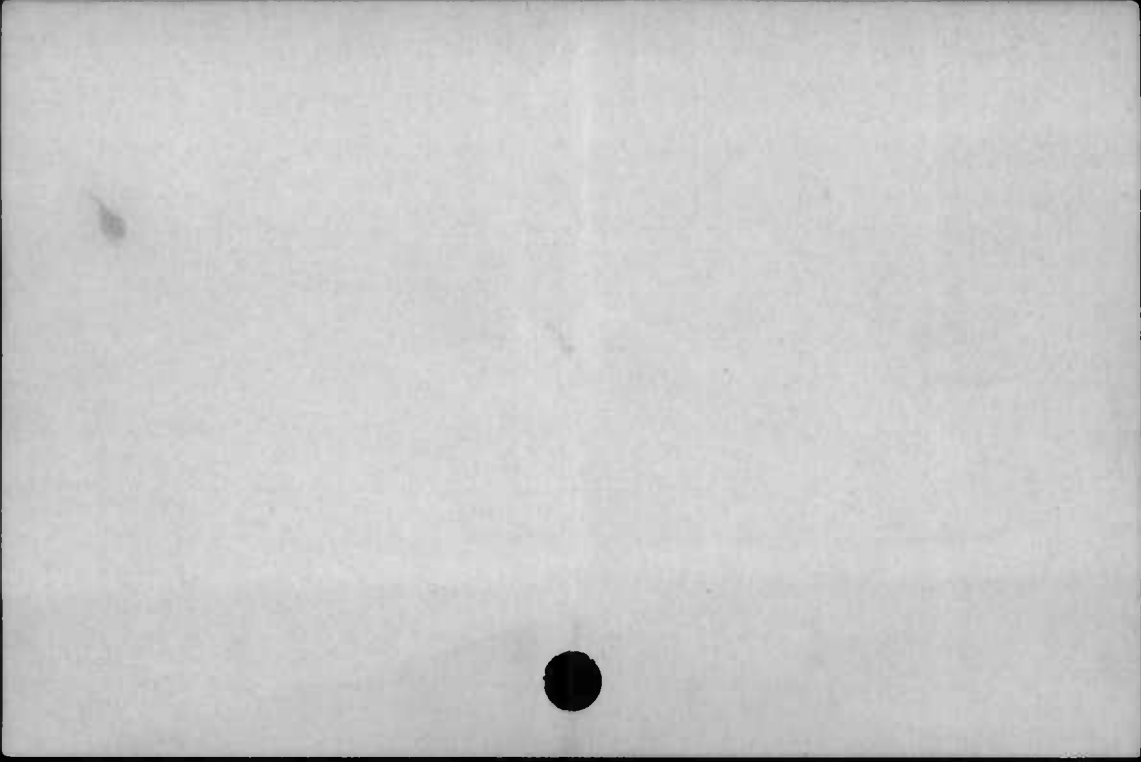
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Hampstead**R. C. Wells M.D.
Hampstead Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Hunted* Town *Bullo* CountyDate of death *1906* Month *7* Day *11* Age *76* Years Months *1* Days *25*Sex *Male* Color or Race *White* BirthplaceOccupation *Harmer* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Symptoms* How long *Two Weeks*Immediate *Heart Failure* How longAre the name, age, sex, color, date and place correctly given above? Signature of Physician *R. C. Wells M.D.*Address *Hampstead Md.*

Accident or Suicide?

1916-7-24
1800-8-16
76-1-28

Name
in
Full

Robert Hunt.

CERTIFICATE OF DEATH

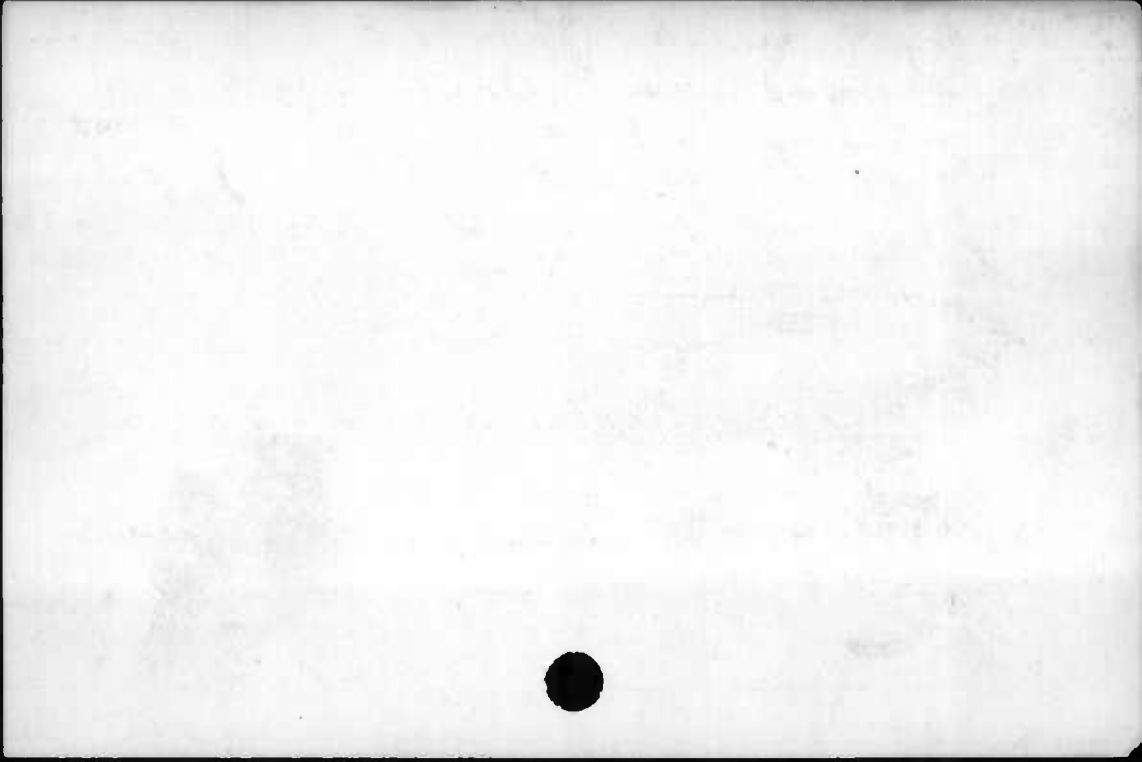
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Turners Sta</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>18</i>	Age	Years
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death <i>431 E Madison St</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Fether's Name			Fether's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Father Healey, N. John</i>			How related to deceased		

CAUSES OF DEATH

Primary <i>Drowning</i>	(172)	How long <i>immediate</i>
Immediate <i>yes.</i>		How long

Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of *P.A. Dunnigan*Address *203 Town St
Coroner*Accident or Suicide? *Accident*



Name
in
Full

Rudolf Daniel Ihle,

CERTIFICATE OF DEATH

MARYLAND

Died at *Patty Hill* ^{Town} *(Fullerton)**Pratts* ^{County}Date of death *1906* ^{Month} *July* ^{Day} *4*Age *—* ^{Years}Months *—*Days *25*Sex *male*Color or Race *white*Birth-place *Patty Hill*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's Name *Fredrick Ihle*Father's
Birthplace *—*Mother's Maiden Name *Agusta Kamenek*Mother's
Birthplace *—*Name of person giving
information *Fredrick Ihle*How related
to deceased *Father*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

105 *several days*

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Lingard Whitford
*Fullerton, Md.*PHYSICIAN
OR CORONER*To best of my knowledge*Accident or Suicide? *—*



Name
in
Full

Annie Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at West Roland Park Bldg Co

Date of death 1906 July 3 Age about 65 Months Days

Sex Female Color or Race Colored Birth-place Wld

Occupation Housewife Where Residing if not at place of death W Roland Park

Married, Single or Widowed Married Name of Wife or Husband John H Jackson

Father's Name Jos. Miller Father's Birthplace Wld

Mother's Maiden Name not known Mother's Birthplace "

Name of person giving information John H Jackson How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Myelitis How long 3 mo

Immediate Paralysis How long 63

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. Gantfoth Address 3574 W. Biddle St

Accident or Suicide?

W S Marshall

3539 Falls Road

July 5-06

St John Church

Ruxton Md

Name
in
Full

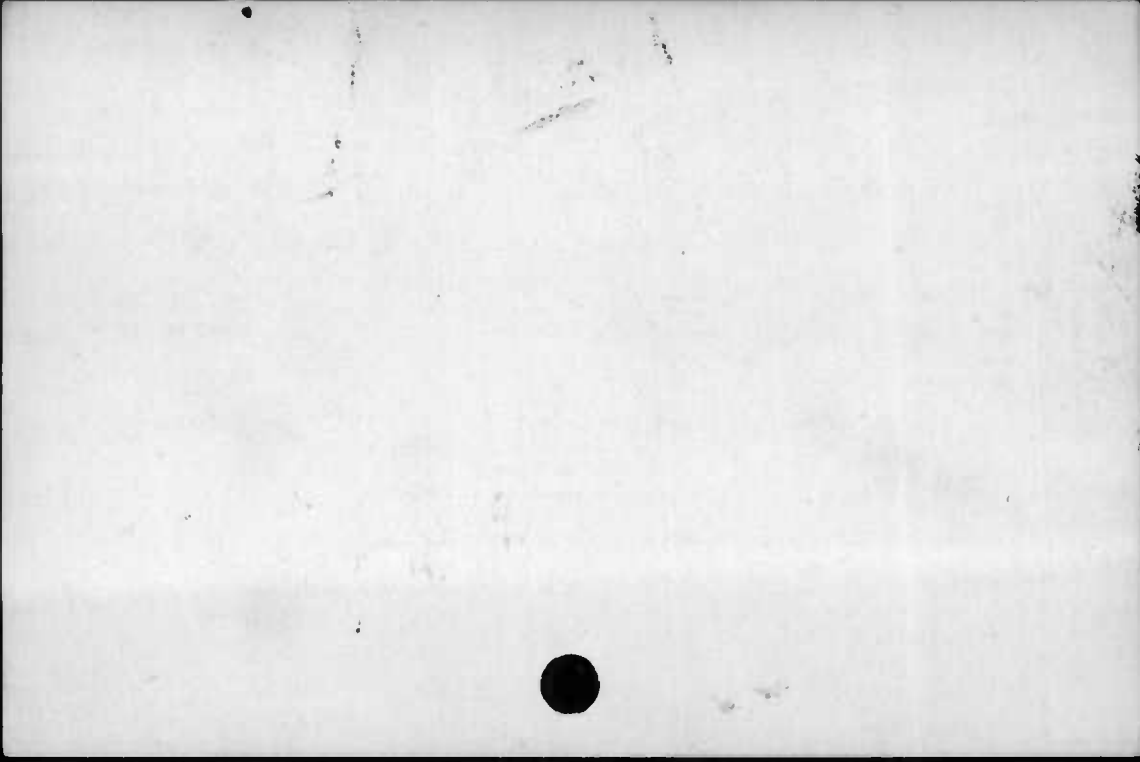
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		<i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	July	Day	29
Age	21	Years	3	Months	—
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	Laborer				
Where Residing if not at place of death			1904 Canton Ave.		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph Jann			Father's Birthplace	Austria
Mother's Maiden Name	Mary Jann			Mother's Birthplace	"
Name of person giving information	Chas. Rob			How related to deceased	Cousin

CAUSES OF DEATH

Primary	<i>Drowning</i>	How long	—
Immediate	<i>yes</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>P.A. Drummigan</i>
Address	<i>203 Tonne St</i>	Signature of Coroner	<i>Coroner</i>
Accident or Suicide?	<i>Accident</i>		



Name in Full		Ellen Virginia Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Govanstown		County Bello		MARYLAND		
		Date of death 1906		Month July	Day 6	Age 32	Months	Days
		Sex Female		Color or Race white		Birth- place Virginia		
		Occupation Housekeeper		Where Residing if not at place of death			Perezog Ave	
		Married, Single or Widowed married		Name of Wife or Husband Charles Johnson				
		Father's Name Jeremiah Gaither		Father's Birthplace Bath. Co.				
Mother's Maiden Name N. Pettett		Mother's Birthplace Virginia						
Name of person giving In formation M. Gaither		How related to deceased Aunt						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Child Birth		140		How long 10 hours		
		Immediate Shock				How long		
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M. E. Douglass				
				Address 129 E North Ave				
Accident or Suicide?				H. C. Hers. Govanstown				

Geo. Weber Undertaker
from Ruzoy ave to the Presbyterian
Cemetery at Grountrou

Name
in
Full

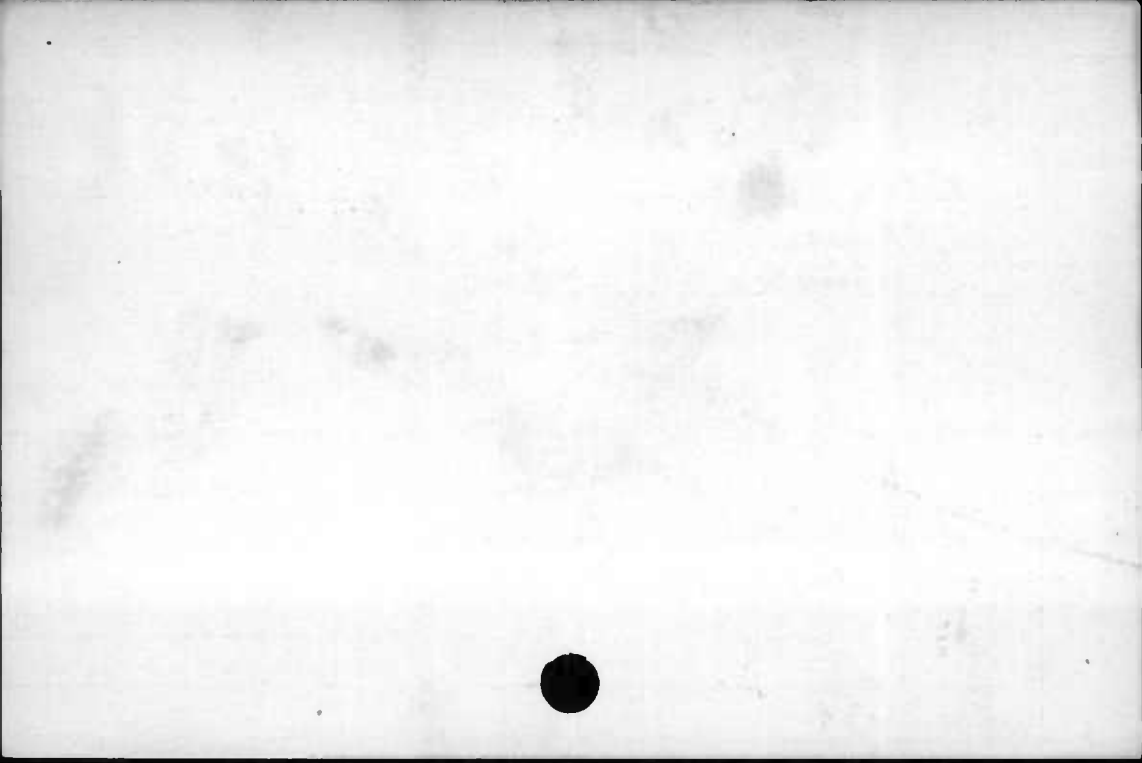
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fitzlee</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>18th</i>	Age <i>78</i>	Years <i>1</i> Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Virginia</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Sparrow Point</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John D. Johnson</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>— don't know</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>R. L. Johnson</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

Primary <i>General debility.</i>	How long <i>1 year</i>
Immediate <i>exhaustion</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. B. McCormick MD</i>
	Address <i>Sparrow Point Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Michael and Maggie Kasper

Died at *Canton* ^{town} *Baltimore* ^{County} MARYLAND

Date of death 1906 *July* ^{Month} *22* ^{Day} Age *1* ^{Years} *0* ^{Months} *0* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Balto Co*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *M. J. Kasper* Father's Birthplace *Balto. Co*

Mother's Maiden Name *Maggie Kraner* Mother's Birthplace *Baltimore City*

Name of person giving information *Maggie Hoening* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still born child.* How long *—*

Immediate *Not known* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—*


Signature of Physician *Maggie Hoening* ^{midwife}

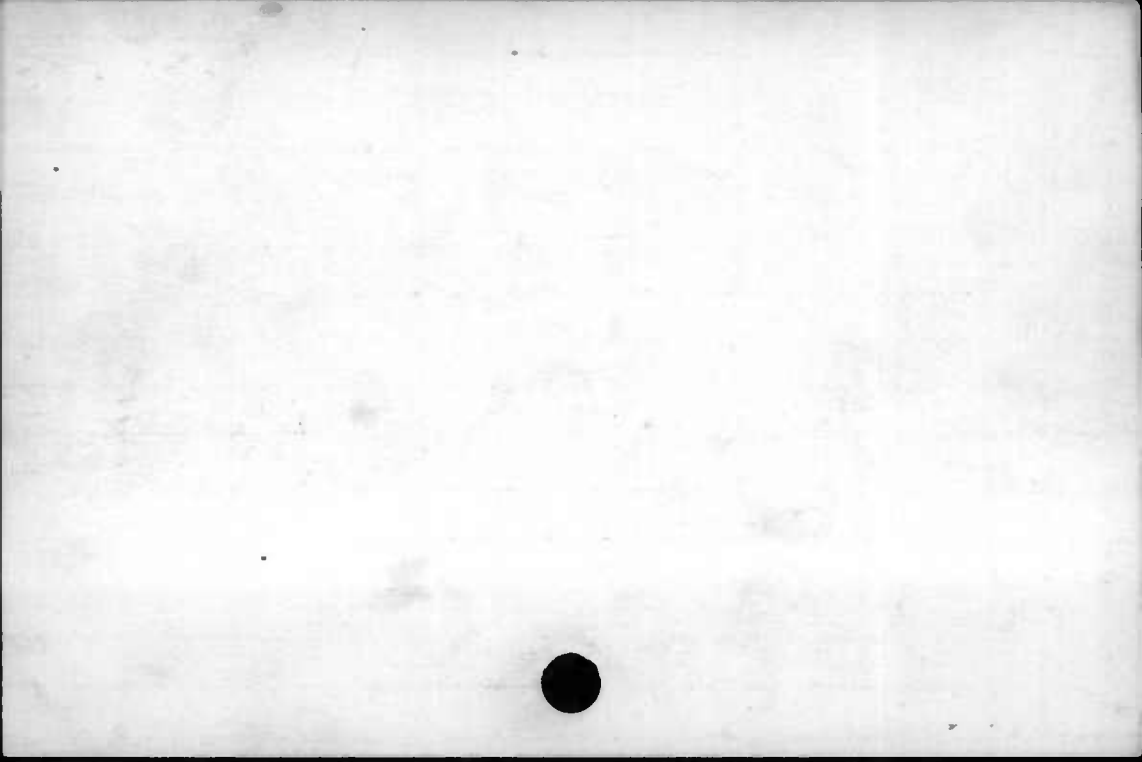
Address *875 504 3rd St*

Accident or Suicide? *—*

Mt Carmel Conn

H. Sander & Sons

Name In Full		Beatrice Kline				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>St Helena</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND		
	Date of death <u>1906</u> <small>Month</small> <u>July</u> <small>Day</small> <u>31</u> ⁰ <small>Age</small> <u>1</u> <small>Years</small> <u>10</u> <small>Months</small> <u>27</u> <small>Days</small>						
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth place <u>St Helena</u>		
	Occupation <u>—</u>		Where Residing if not at place of death <u>" "</u>				
	<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Charles Kline</u>		Father's Birthplace <u>Penna</u>				
PHYSICIAN OR CORONER	Mother's Maiden Name <u>Bertha Shindeckler</u>		Mother's Birthplace <u>Penna</u>				
	Name of person giving information <u>Amos Kline</u>		How related to deceased <u>uncle</u>				
	CAUSES OF DEATH						
	Primary <u>Cholera Infantum</u>		<u>105</u>		How long <u>1 week</u>		
Immediate <u>Acute Meningitis</u>				How long <u>1 day</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>G. O. McCormick M.D.</u>		Address <u>Sparrus Point</u>			
Accident or Suicide? <u>—</u>		 <u>Med.</u>					



Name
in
Full

Christian F. Kluth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arlington</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>7</u> ^{Day} <u>12</u> ^{Years} <u>79</u>		Months <u>—</u>		Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Wheelwright</u>	Where Residing If not at place of death <u>Arlington</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Mary E. Kluth</u>				
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Wm. Kluth</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis</u>	(27)	How long <u>7 months</u>
Immediate <u>Exhaustion</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Edwin E. Jones</u>
		Address <u>Arlington Md</u>
Accident or Suicide? <u>—</u>		

The Keweenaw

Not named

Knox

Died at Towson Town Baltimore County MARYLAND

Date 1906 Month July Day 11th Y. Still born M. Still born D. Still born
 Age Still born Native of Still born Occupation Still born
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living

Husband of

Wife

Father's
Name

Edward C Knox

Mother's

Maiden Name

Jane E Knox

Cause of Primary

How long sick

Death Immediate

Still born

Accident, Suicide, Homicide

Reported by

James H. Jarrett M.D.

Address

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Daiger
223 S Broadway

Interment
~~Interment~~ Baltimore Cemetery
City—

Name
in
Full

Infant of Oscar & Anna Throll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton ^{Town} Baltimore ^{County} MARYLAND

Date of death 1906 ^{Month} July ^{Day} 27 ^{Age} Years Months Days

Sex Female Color or Race White Birth-place Balt Co.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Oscar Throll Father's Birthplace Germany

Mother's Maiden Name Anna Friederich Mother's Birthplace Germany

Name of person giving information Oscar Throll How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician X Hedger Hoening ^{Midwife}


Address X 3 Third St 504

Accident or Suicide?

H. Sanders & Sons
1708 Canton Ave
Trinity Cemetery

Name in Full		Mrs. Annie Lacey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mt. Washington Baltimore				MARYLAND	
	Date of death	1906	July	1st	Age	74	
	Sex	Female		Color or Race	white		
	Occupation	Housewife		Where Residing if not at place of death	Ireland.		
	Married, Single or Widowed	Widowed		Name of Wife or Husband	Patrick Lacey		
	Father's Name	David Culliton				Father's Birthplace	Ireland
	Mother's Maiden Name	Mary A. Murphy.				Mother's Birthplace	Ireland
Name of person giving information	John Lacey				How related to deceased	son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Senile Dementia				How long	eight years.
	Immediate	Inanition				How long	four months
	Are the name, age, sex, color, date and place correctly given above?	yes.				Signature of Physician	Dr. Josiah S. Bowen
	Accident or Suicide?					Address	Mt. Washington, Balt. Co. Md.

Please return
permit to
M. Fahy & Sons

Name in Full		George E. Landen (Colonel)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Pawnee</u> <small>Town</small>		<u>Balls</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>7</u> <small>Day</small> <u>3</u> <small>Age</small> <u>—</u> <small>Years</small> <u>—</u> <small>Months</small> <u>6</u> <small>Days</small> <u>—</u>					
		Sex <u>male</u>		Color or Race <u>Colored</u>		Birth place <u>Pawnee</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>Frank Landen</u>		Father's Birthplace <u>Alena</u>			
		Mother's Maiden Name <u>Edith Taylor</u>		Mother's Birthplace <u>Id</u>			
Name of person giving information <u>Mother</u>		How related to deceased <u>Mother</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Suppuration</u>		How long <u>2 months</u>			
		<u>Permeantative Oesophagus</u>		How long <u>1 day</u>			
		Immediate <u>Cholera Infantum</u>					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. C. Massenburg M.D.</u>		Address <u>Health officer</u>	
<u>Yes</u> <u>to M.D. in attendance</u> Accident or Suicide? <u>—</u>		 <u>got list</u>					

John Burns' Sons
Tacoma

Interment

Sandy Bottom - Tacoma

Name
in
Full

Louisa Lay

CERTIFICATE OF DEATH

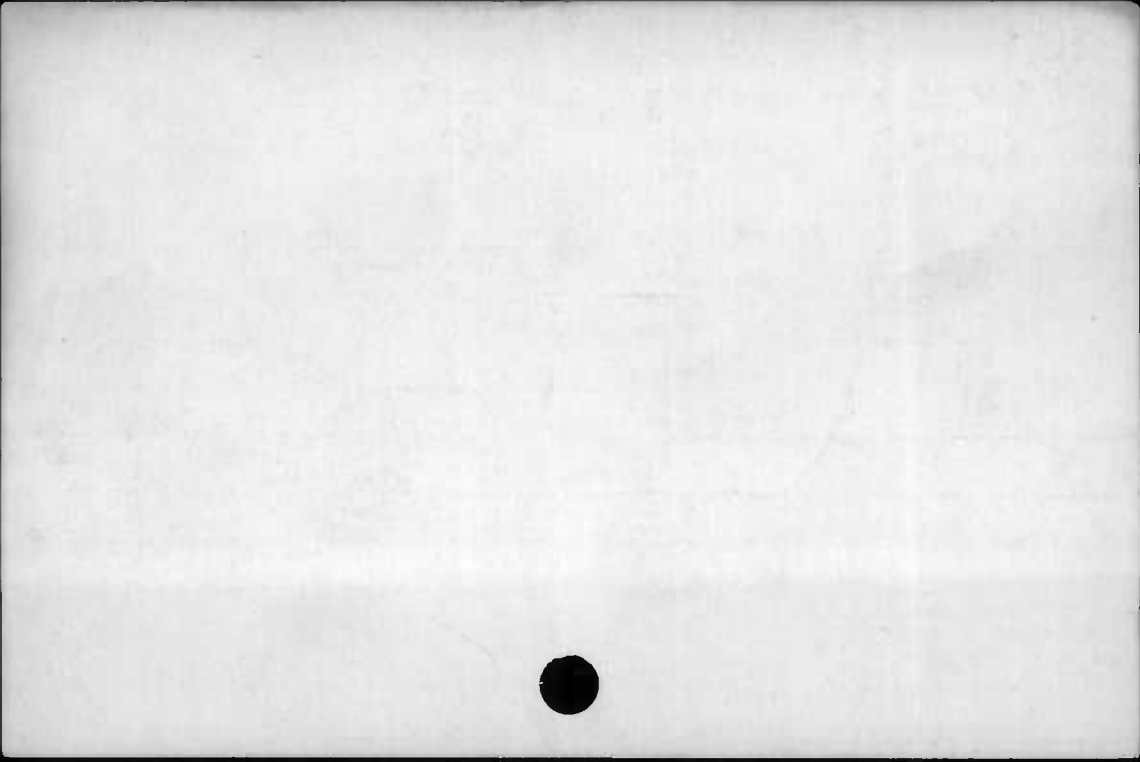
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Upper Falls		County Baltimore		MARYLAND	
Date of death	1906	Month 7	Day 18	Age	Years 38	Months —	Days —
Sex	Female		Color or Race	White		Birth- place	Easton
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Becket Lay				Father's Birthplace —	
Mother's Maiden Name		E. W. Lay				Mother's Birthplace —	
Name of person giving Information		Thos E. W. Lay.				How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease Heart		How long	Some years
Immediate	Sudden - Coronal Failure		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Franklinville Md		
Accident or Suicide?				



Name
in
Full

Mildred b Lessr

CERTIFICATE OF DEATH

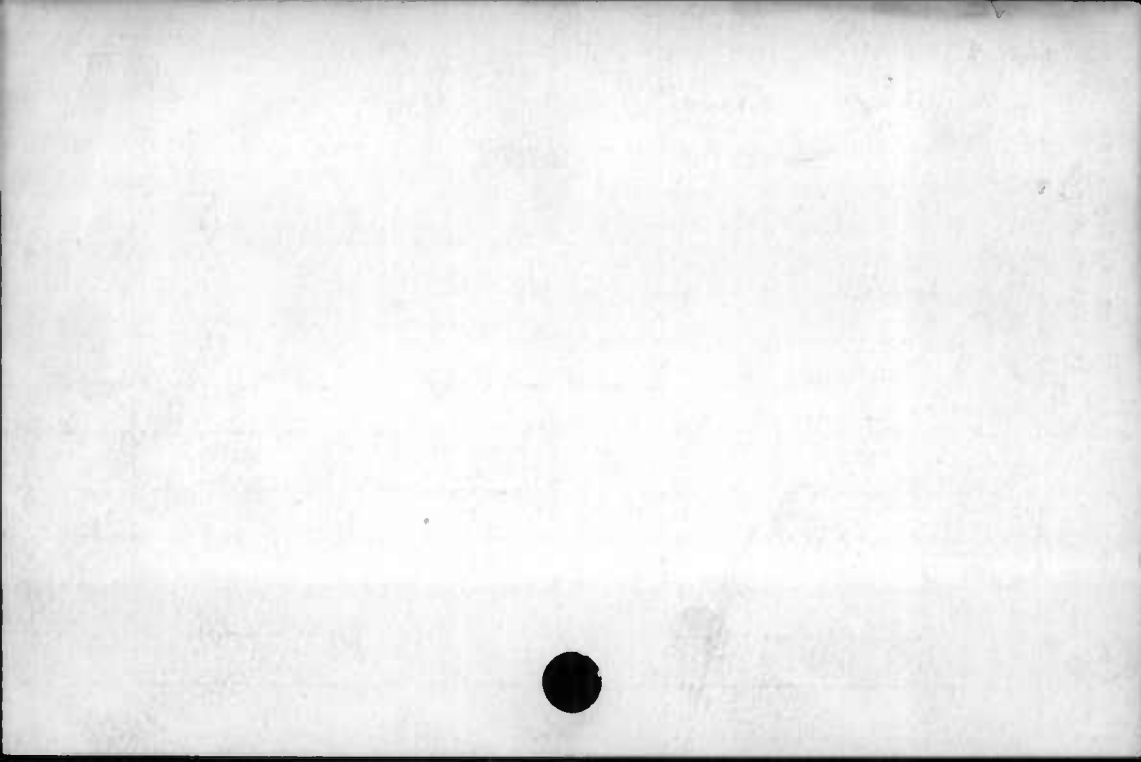
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cella		Town		Balto		County		MARYLAND	
Date of death 1906		July		Month		7		Day		Age 5	
Sex		Female		Color or Race		White		Birth-place		Maryland	
Married, Single or Widowed						Occupation					
Name of Wife or Husband											
Father's Name						Vincen W. Lessr					
Mother's Maiden Name						Mary A Gaugh					
Name of person giving information						Vincen W Lessr					
Father's Birthplace						Germany					
Mother's Birthplace						Maryland					
How related to deceased						Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pharyngitis		How long		2 weeks	
Immediate		Endocarditis		How long		A few	
Are the name, age, sex, color, date and place correctly given above?				Yes			
Signature of Physician				Wm. B. Jones M.D.			
Address				Shirley, Md.			
Accident or Suicide?							



Name in Full		Mildred Lowman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town St Denis		County Baltimore		MARYLAND
	Date of death	1906	Month July	Day 3	Age Years	Months 1	Days 4
	Sex	Female		Color or Race	White		Birth- place
	Occupation	none		Where Residing if not at place of death		St Denis Baltimore some place	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	W D Lowman				Father's Birthplace	Maryland
	Mother's Maiden Name	Mary E. Chalk				Mother's Birthplace	Maryland
Name of person giving In formation	W D Lowman				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Enteric Colitis				How long	11 days
	Immediate	same				How long	same
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Arthur Williams
	Accident or Suicide?	no				Address	2121 Ridge House Co Maryland



Name In Full		Millard Lowman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town St Denis		County Bolt Co	
		Date of death		Month July		Day 1	
		Age		Years 1		Months 2 days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
Father's Name		W D Lowman				Father's Birthplace	
Mother's Maiden Name		Mary E Chalk				Mother's Birthplace	
Name of person giving information		W D Lowman				How related to deceased	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Enterocolitis		How long	
		Immediate		None		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		10 days	
		Signature of Physician		Arthur Williams		"	
		Address		Elk Ridge			
Accident or Suicide?		no		Howard Conrad			



Name
in
Full

Fresa C Ludwig

CERTIFICATE OF DEATH

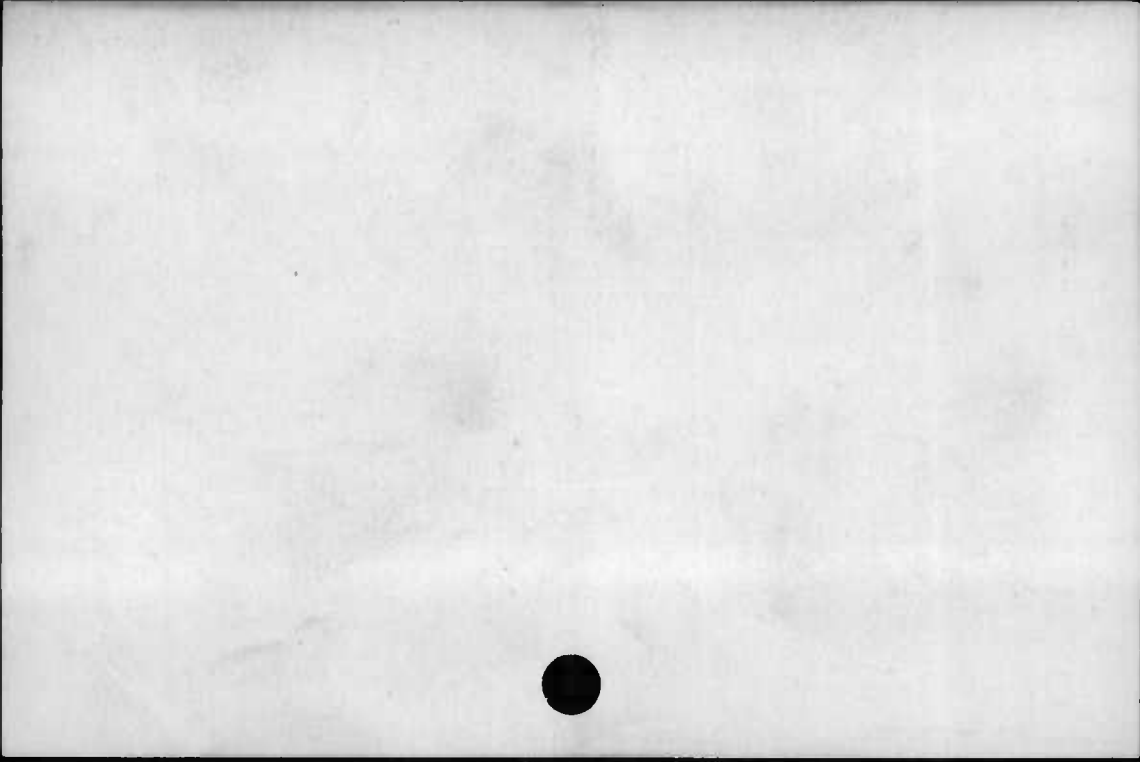
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Point</i>		Town <i>Balk.</i>		County		MARYLAND	
Date of death	1906	Month	7	Day	3	Age	8
Sex	Female		Color or Race	White		Birth-place	Balk. Co.
Occupation	None			Where Residing if not at place of death <i>Sparrow's Point</i>			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	<i>Cuth. C Ludwig</i>			Father's Birthplace <i>Md.</i>			
Mother's Maiden Name	<i>Fresa Lasker</i>			Mother's Birthplace <i>Md.</i>			
Name of person giving information	<i>Cuth. Ludwig</i>			How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. Woodward M.D.</i>
		Address	<i>Sparrow's Point, Md.</i>
Accident or Suicide?			



Name
in
Full

Earnest Lyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	13		25		
Sex	Color or Race	Birth-place					
Male	(Col)	Md.					
Occupation				Where Residing if not at place of death			
Laborer				Towson			
Married, Single or Widowed				Name of Wife or Husband			
				?			
Father's Name				Father's Birthplace			
?				?			
Mother's Maiden Name				Mother's Birthplace			
?				?			
Name of person giving information				Not related Not deceased			
Physician to Jail.				_____			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Hanged, according to Post	—
as penalty for his crimes	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	J. Boynton Green M.D.
	Physician to Co. Jail
	Towson Md.
Accident or Suicide?	

Mr. J. Johnson
1400 N. Calhoun
interment at
Mt Auburn
M. Auburn
Cemetery.

Name
in
Full

William L. Mc Afie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Lower Canton</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>July</i> ^{Day} <i>14</i>		^{Years} <i>75</i>		^{Months} _____	^{Days} _____
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>Plumber</i>		Where Residing if not at place of death		<i>103 E Lofrette Ave</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>James J. Hartlove</i>				How related to deceased <i>none.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident by Rail way car</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>David Thompson, Cor.</i>	
		Address <i>1500 Highland Ave</i>	
Accident or Suicide? <i>Accident</i>		<i>Baltimore Co Md</i>	



Name in Full		Stanley McCalf				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Lutherville</i>		^{County} <i>Baltimore</i>		MARYLAND			
	Date of death	1906	Month	July	Day	26	Age	90
	Sex	Male		Color or Race	Austrian		Birthplace	Bosnia-Turkey
	Occupation	Travelling Band		Where Residing if not at place of death		Anywhen & Everywhere		
	Married, Single or Widowed	Widowed		Name of Wife or Husband		Beatrice McCalf		
	Father's Name	Mahai		Father's Birthplace		Bosnia		
	Mother's Maiden Name	Don't know		Mother's Birthplace		Don't know		
Name of person giving information	Gus Stanley		How related to deceased		Son			
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary		Mitral lesion Cardiac			How long		Don't know
	Immediate		General Anasoreia & Exhaustion			How long		24 hours
	Are the name, age, sex, color, date and place correctly given above?		I think so		Signature of Physician		J. Tibbons M.D.	
					Address		Lutherville Md.	
Accident or Suicide?								

Mt. Maria Cem.

Townson

John Burrus Son

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John P. McTigue*

CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Hope Betnah* *Balto* County

Date of death *1906* Month *July* Day *15* Years *43* Months *unknown* Days *unknown*

Sex *Male* Color or Race *White* Birth place *Pittsburg Pa*

Occupation *Ex. Supt. Police* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Reeds Mt Hope* How related to deceased *not at all*

CAUSES OF DEATH

Primary *Mania Acute* How long *abt 9 mos*
Immediate *Ex - Gastro - Enteritis & Cardiac Collapse* How long *abt 9 or 10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank J. Flannery MD*
Address *Mt Hope Betnah Balto Co Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

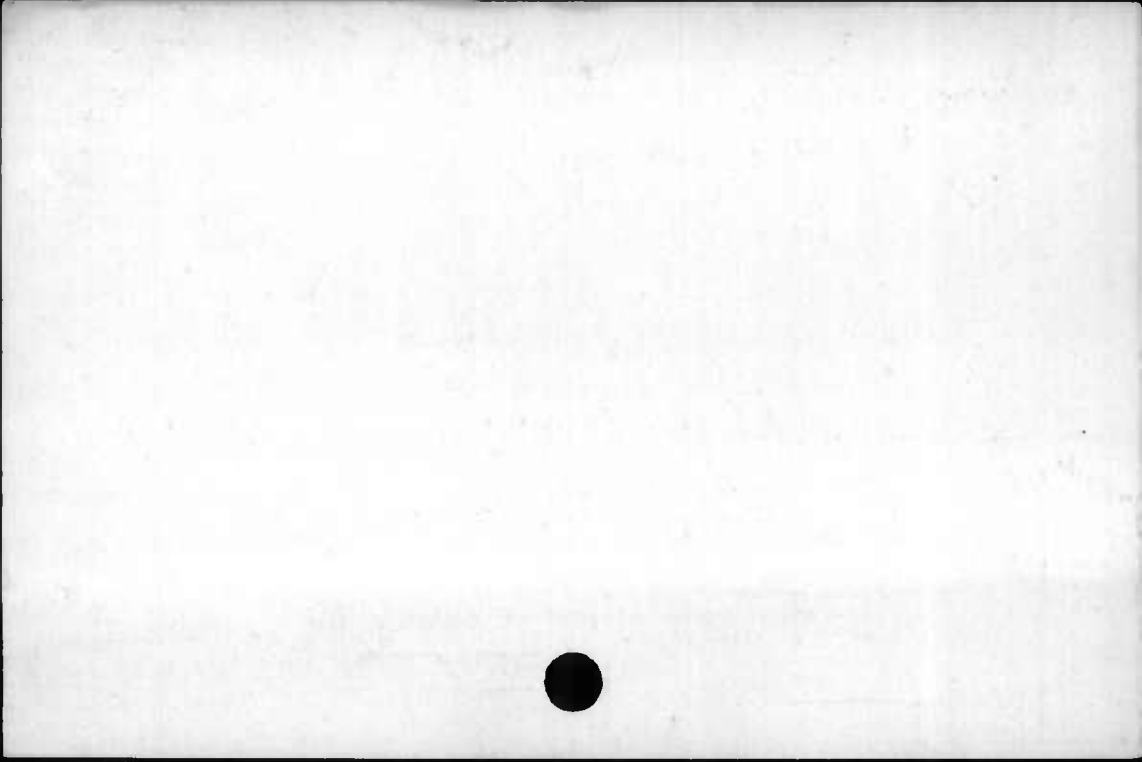
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland Town</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>July</i> ^{Month}	<i>16</i> ^{Day}	Age <i>21</i> Years	<i>0</i> Months	<i>0</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>George Markas</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Genette Hanra</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Thomas Markas</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthis (Pulmonary)</i>	How long	<i>8 months</i>
Immediate	<i>congestive</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. J. Jamney M.D.</i>
	<i>No</i>	Address	<i>307 Bank St - Balto</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Heights</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>31</i>		Age <i>6</i> Years <i>6</i> Months <i>6</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Royal Heights</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Royal Heights</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Edward H Meyer</i>		Father's Birthplace <i>Friedrich</i>					
Mother's Maiden Name <i>Mary A Tyrrell</i>		Mother's Birthplace <i>Baltimore Md</i>					
Name of person giving information <i>Dr & Feltner off</i>		How related to deceased <i>Physician</i>					

CAUSES OF DEATH

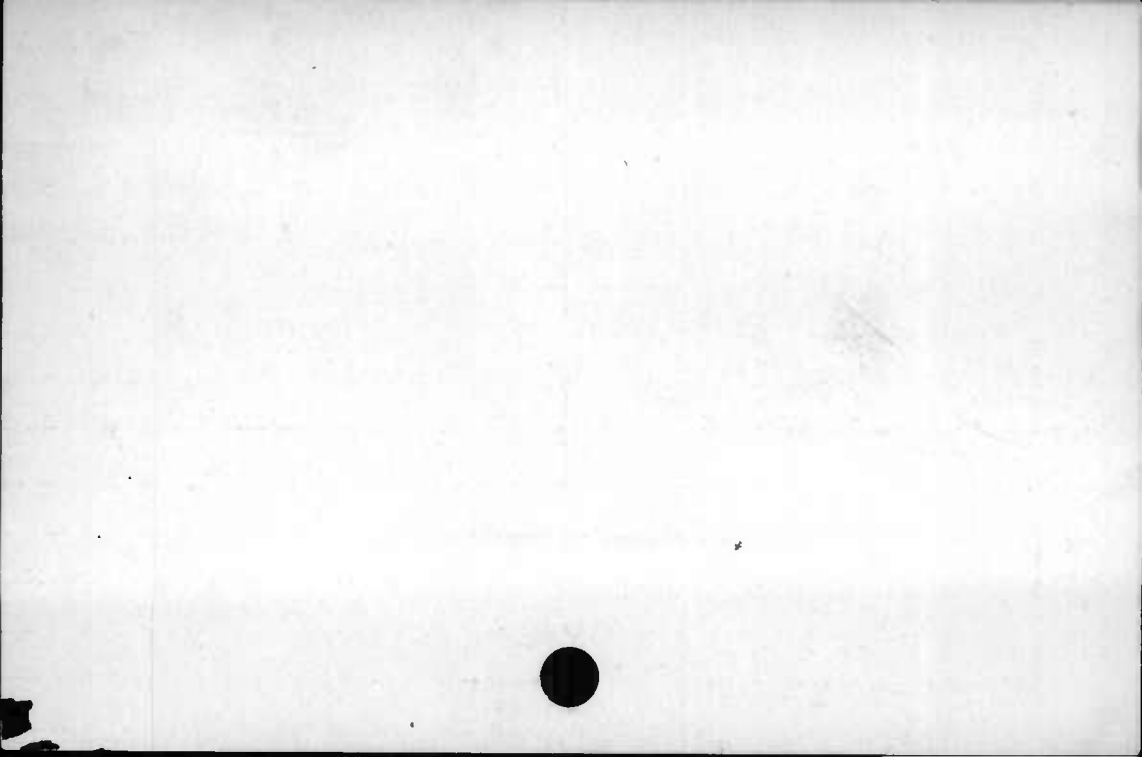
PHYSICIAN
OR CORONER

Primary Cause of Disease <i>Stroke & Heart</i>		How long <i>2 yr</i>	
Immediate Cause <i>11</i>		How long <i>2 yr</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr & Feltner off</i>	
Accident or Suicide? <i>No</i>		Address <i>1170 W 20 Fyatt St Baltimore</i>	

Don

Don

Name in Full August F. Miller		Town Baltimore		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Baltimore		MARYLAND	
		Date of death 190 6	Month July	Day 21	Age 43	Months	Days
		Sex Male	Color or Race White		Birthplace Penn		
		Occupation Labourer		Where Residing if not at place of death Sparrows Point			
		Married, Single or Widowed Married	Name of Wife or Husband Caroline				
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information Mrs. Riley		How related to deceased none			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Accident		How long			
		Immediate Same		How long			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician David A. Thompson			
				Address 1520 Highland ave, Baltimore County Md.			
		Accident or Suicide? Accident					



Name
in
Full

William A Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westport		County Balto.		MARYLAND	
Date of death	1906	Month July	Day 27	Age 21	Years	Months 15	Days 23
Sex	Mr.		Color or Race	W.		Birth- place	Millville N.J.
Occupation	Tending for a glass factory			Where Residing If not at place of death		at place of death	
Married, Single or Widowed	Single		Name of Wife or Husband		✓		
Father's Name	John Morris					Father's Birthplace	Millville N.J.
Mother's Maiden Name	May E. Ford.					Mother's Birthplace	Towson N.J.
Name of person giving Information	Mrs Anna Morris.					How related to deceased	Step mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	5 mos.
Immediate	General Failure		How long	1 wk.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. C. Brainerd M.D.
			Address	400 Harwood St Baltimore Md.
Accident or Suicide?				

Cumtong Co.
M. J. Saffer

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mt Hope Retreat ^{County} BaltimoreDate of death 1906 ^{Month} July ^{Day} 16 ^{Years} Age at 48 ^{Months} unknown ^{Days} unknownSex Male ^{Color or Race} White ^{Birth-place} Ireland^{Occupation} Auctioneer ^{Where Residing if not at place of death} Baltimore^{Married, Single or Widowed} Married ^{Name of Wife or Husband} unknown^{Father's Name} unknown ^{Father's Birthplace} unknown^{Mother's Maiden Name} unknown ^{Mother's Birthplace} "^{Name of person giving information} Recds Mt Hope ^{How related to deceased} not at all

CAUSES OF DEATH

^{Primary} acute Gastritis ^{How long} 104 abt 2 wks
^{Immediate} Cerebral Congestion ^{How long} 3 or 4 days -

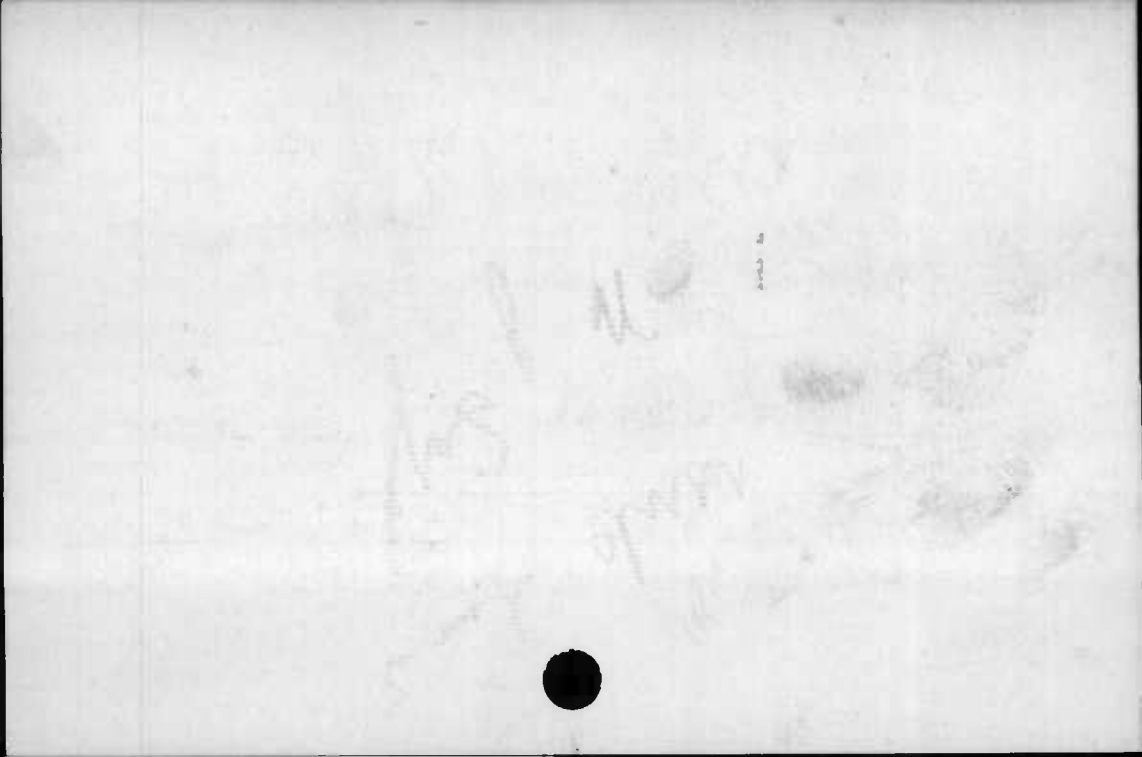
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. J. Lannery
Mt Hope Retreat
Baltimore Co Md.



Name in Full John G. Mueller		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Canton <small>Town</small>		Baltimore <small>County</small>
	Date of death 1906 <small>Month</small> July <small>Day</small> 21		37 <small>Years</small> 4 <small>Months</small> — <small>Days</small>
	Sex Male	Color or Race White	Birth-place Md.
	Occupation BUILDER	Where Residing if not at place of death —	
	Married, Single or Widowed Married	Name of Wife or Husband Anna B. Mueller	
	Father's Name Mathew Mueller	Father's Birthplace Germany	
	Mother's Maiden Name Mary Ann Keidel	Mother's Birthplace "	
Name of person giving information Anna B. Mueller	How related to deceased Wife		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Consumption of Lung	How long 27	About 18 months
	Immediate Repeated Hemorrhage	How long 8	Weeks
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. Coltenberg	
	Address 1810 E Baltimore St.		
Accident or Suicide? No			

Holy Redeemer Cemetery

July 25th 1906

Germanus France

Understaten

Name
in
Full

Martin Müller


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto. Co.</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>July</i>	Day	<i>3rd</i>
		Years	<i>72</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Baker</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Catharine Müller</i>		
Father's Name	<i>Christomus Müller</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Catharine Müller</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

*Slight attack post.*PHYSICIAN
OR CORONER

Primary	<i>Angina Pectoris</i>	How long	<i>5 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. N. Muey</i>
		Address	
Accident or Suicide?	<i>—</i>		

Holy Redeemer Cemetery

July 6th 1906

Germanus France

Undertaker

Name
In
Full

James E Myers.

CERTIFICATE OF DEATH

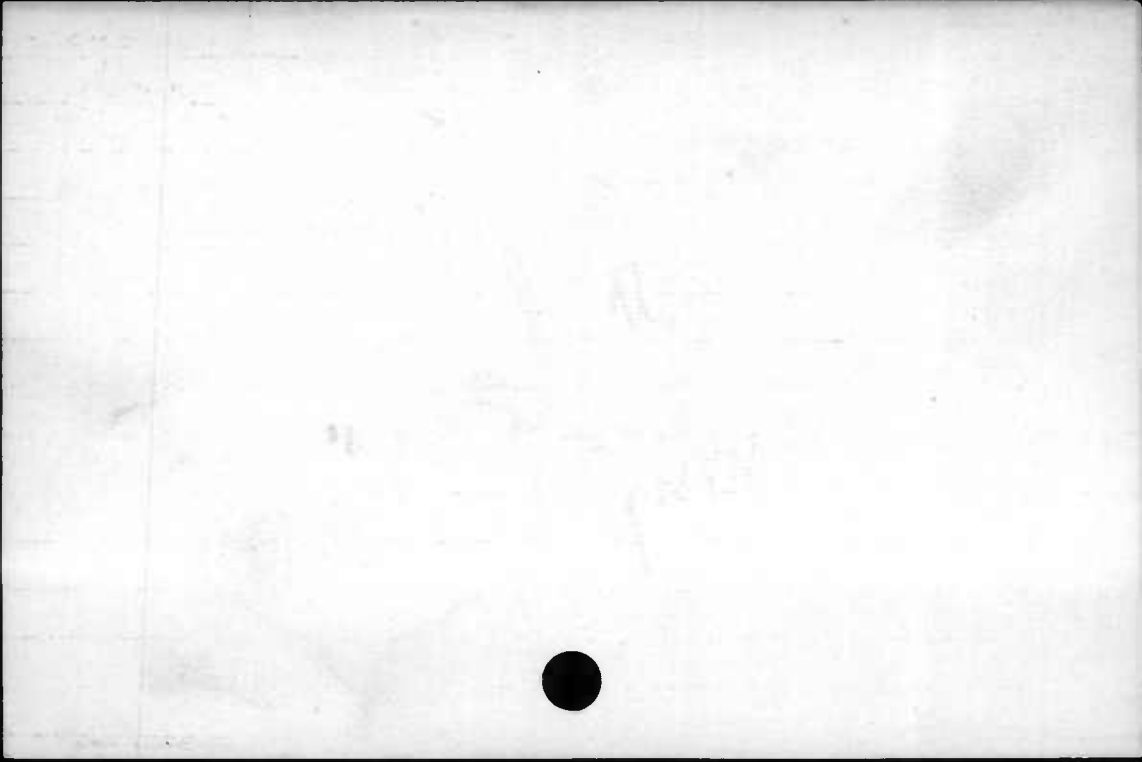
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Balto.		MARYLAND		
Date of death	1906	Month July	Day 30	Age	Years	Months 4	Days 8	
Sex	Male		Color or Race	white		Birth- place	Catonsville.	
Occupation	_____			Where Residing if not at place of death		Catonsville Md		
Married , Single or Widowed		Name of Wife or Husband						
Father's Name		Harry Myers				Father's Birthplace		Md.
Mother's Maiden Name		Carbie Hoerl				Mother's Birthplace		Md
Name of person giving In formation		Harry Myers				How related to deceased		Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	It is colitis	How long	1 month
Immediate	asthenia.	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Marshall B West,
yes		Address	Catonsville Md.
Accident or Suicide?			



Name
in
Full

Conrad A. Naegle

CERTIFICATE OF DEATH

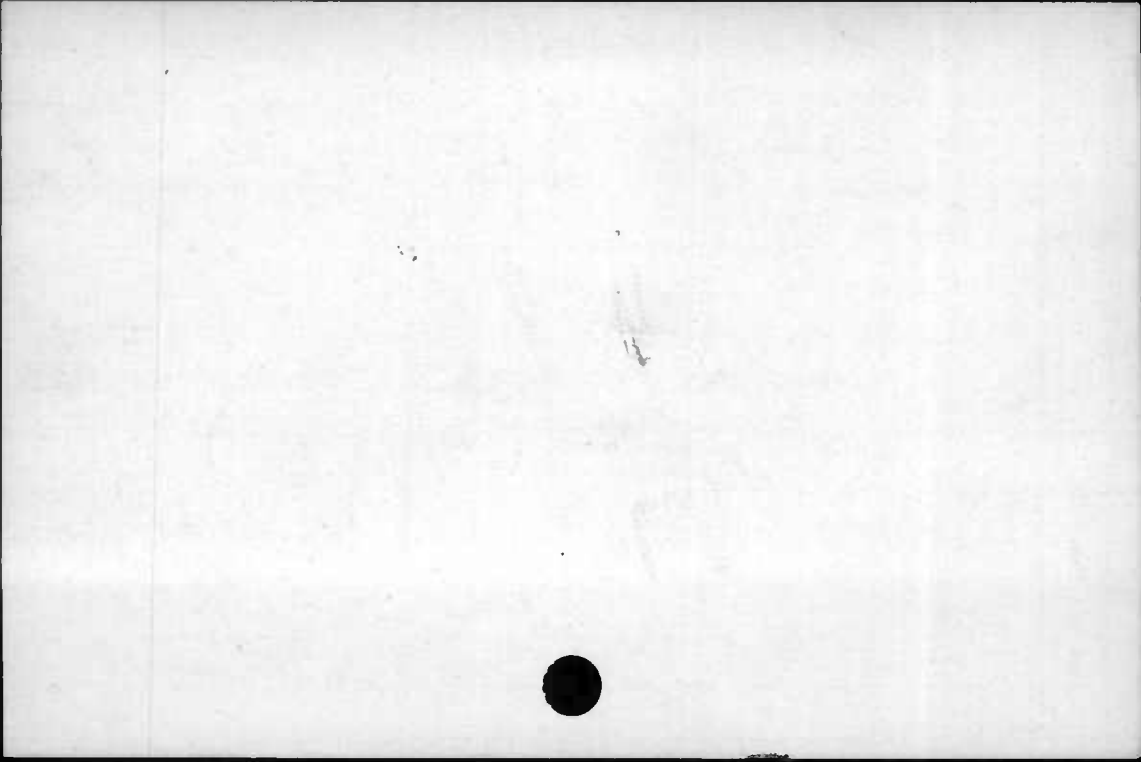
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bardenville		County Balto		MARYLAND	
Date of death	1906	Month July	Day 15	Age —	Years —	Months 4	Days 2
Sex	Male		Color or Race	White		Birth-place	Bardenville
Occupation	none			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband —				
Father's Name	John Naegle					Father's Birthplace	Germany
Mother's Maiden Name	Amelia Krieger					Mother's Birthplace	Germany
Name of person giving information	John Naegle					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long 105 days
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Geo J. Young
			Address 1735 W. Broadway
Accident or Suicide?			



Name
in
Full

John A. Naegle

CERTIFICATE OF DEATH

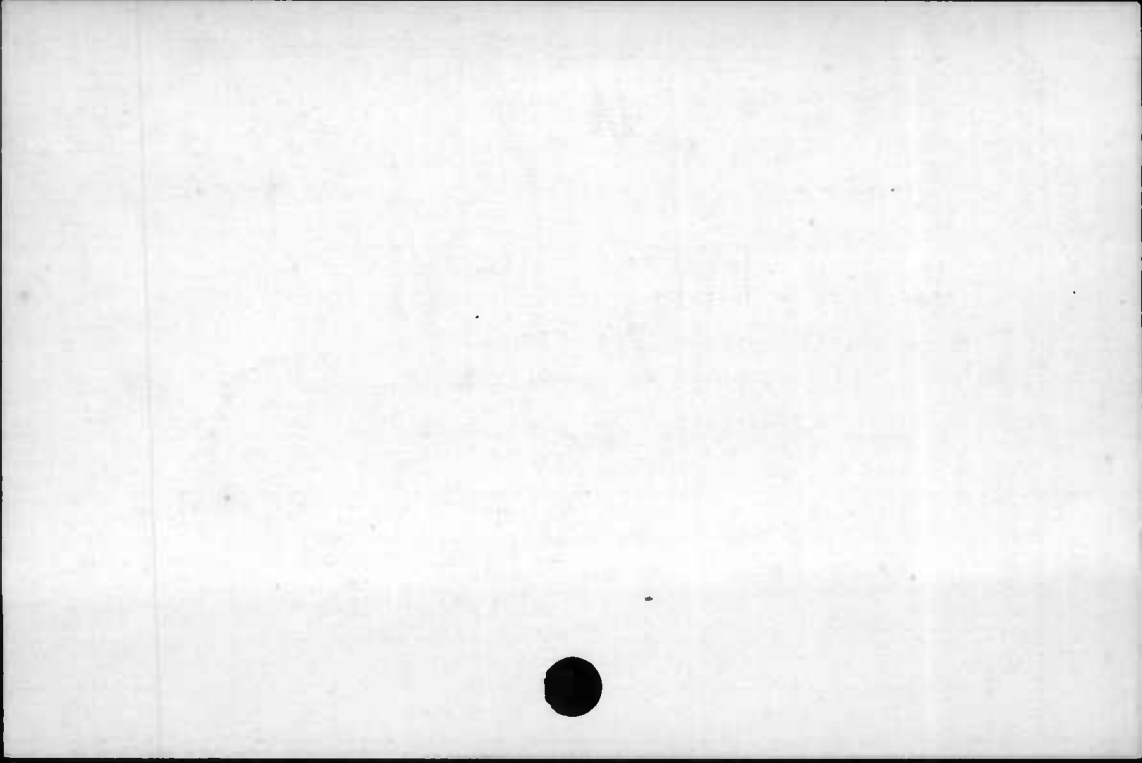
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gardenville		County Balto Co		MARYLAND	
Date of death		1906	Month July	Day 15	Age	Years	Months 4
Sex		Male		Color or Race		White	
Occupation		none		Where Residing if not at place of death		Gardenville MD	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Naegle		Father's Birthplace		Germany	
Mother's Maiden Name		Amelia Krieger		Mother's Birthplace		Germany	
Name of person giving information		John Naegle		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	cholera Infantum	How long	105 3 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo S Young	
Address		1735 NW 2nd Ave	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Wm E Nash</i>		Town <i>Texas Md</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Texas Md</i>		Date of death <i>1906 July 6</i>		Age <i>—</i>		Months <i>2 mos</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Texas, Md.</i>		Days	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Eph E Nash</i>				Father's Birthplace <i>Balto. Co.</i>			
Mother's Maiden Name <i>Margaret in Auburn</i>				Mother's Birthplace <i>Balto Co.</i>			
Name of person giving information <i>William E. Nash</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>about 4 days</i>
Immediate <i>Cerebral Congestion</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. F. Purcell</i>
<i>Yes</i>	Address <i>Texas, Md.</i>
Accident or Suicide? <i>—</i>	

Funeral at Teyor
July 8.

W. C. Brooks

Name
in
Full

William Francis Newman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hale Thorpe</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	17
Age		57		Years	8
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Fireman		Where Residing if not at place of death <u>Hale Thorpe</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Elizabeth J. Newman</u>				
Father's Name	<u>Francis L. Newman</u>		Father's Birthplace	<u>Md.</u>	
Mother's Maiden Name	<u>Lachael Anderson</u>		Mother's Birthplace	<u>Md.</u>	
Name of person giving information	<u>Elizabeth Newman</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Accident - by R. R.</u>		How long	<u>166</u>
Immediate	<u>Yes.</u>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Squire R. C. Clarke</u>		
		Address <u>El. Denis</u>		
		<u>Md.</u>		

Western Cerr

July 20 1906.

Jos. B Cook

Name
in
Full

Melvin Augustus Nicholas

CERTIFICATE OF DEATH

Died at ^{Town} Govanstown ^{County} Baltimore

MARYLAND

Date of death 1906 ^{Month} July ^{Day} 22. ^{Age} — ^{Years} — ^{Months} 7-1 ^{Days} —Sex Male ^{Color or Race} colored ^{Birth-place} GovanstownOccupation Infant. ^{Where Residing if not at place of death}Married, Single or Widowed — ^{Name of Wife or Husband} —Father's Name Robert. A Nicholas ^{Father's Birthplace} GovanstownMother's Maiden Name Helen S Hitchens ^{Mother's Birthplace} Balto cityName of person giving information Robert. A Nicholas ^{How related to deceased} Father

CAUSES OF DEATH

Primary Sclerolitis

How long 11 days

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. C. Myers M.D.

Address Sta 71 Govans Balto Md

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Alvy Hensley
Funeral Director
1578, Whiddell St
Bir-Canterbury

Name
in
Full

Alice Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Woodlawn		Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		7	31	26			
Sex	Female	Color or Race	Colored	Birth-place	Md.		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband			
John Morris		Father's Name		Mr. Hardman		Father's Birthplace	
Md.		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving information		John Morris		How related to deceased	
						Husband	

CAUSES OF DEATH

Primary

How long

Typhoid Fever

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Chas. Lusk
 2101st Park
 Balto.

Accident or Suicide?

Good Hope
J. H. Kraft.

4

Name
In
Full

Catherine Novoskaski

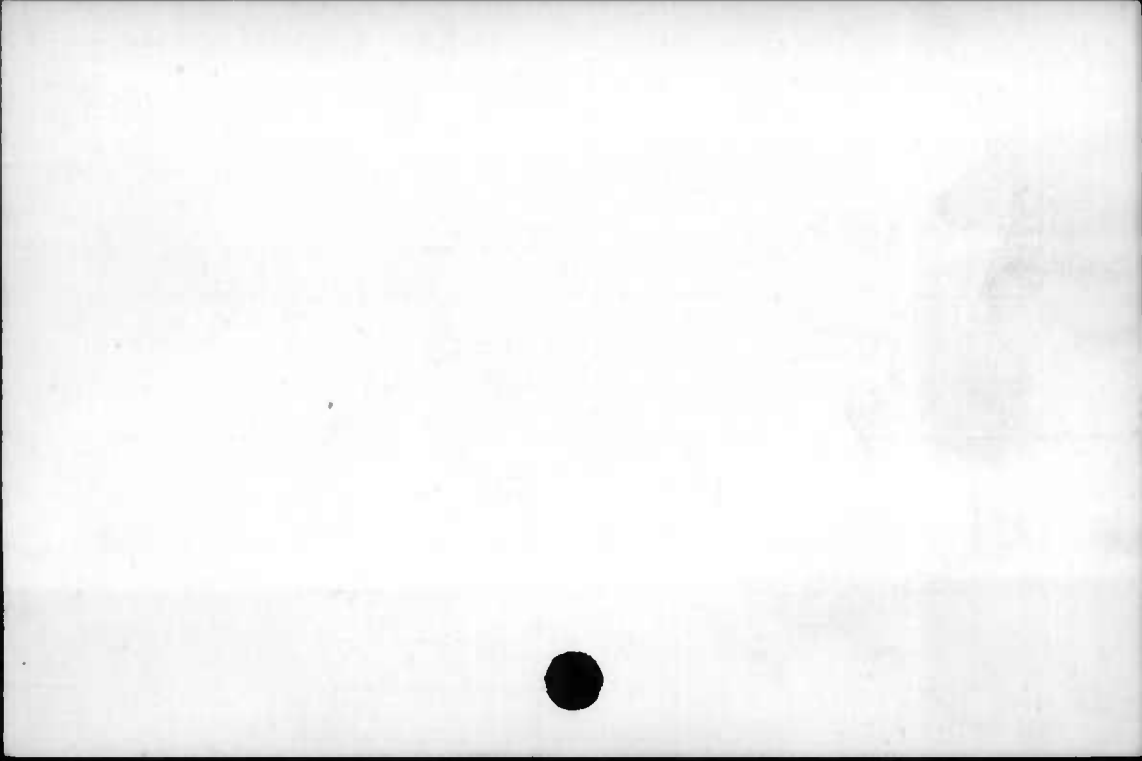
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Poplar Heights</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		1906	Month <i>July</i>	Day <i>13</i>	Age <i>13</i>	Years <i>6</i>	Months <i>6</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Bolts City</i>
Occupation	<i>Domestic</i>		Where Residing if not et place of death		<i>place of death</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>John Novoskaski</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Magdalena Novoskaski</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Magdalena Novoskaski</i>				How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

Primary	<i>Natural Causes</i>		How long	<i>2 days.</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician	<i>P. H. Dunningan</i>
			Address	<i>203 Toone St</i>
Accident or Suicide?		<i>Natural Causes</i>	<i>Coroner</i>	



Name
in
Full

Angela Nuedling

CERTIFICATE OF DEATH

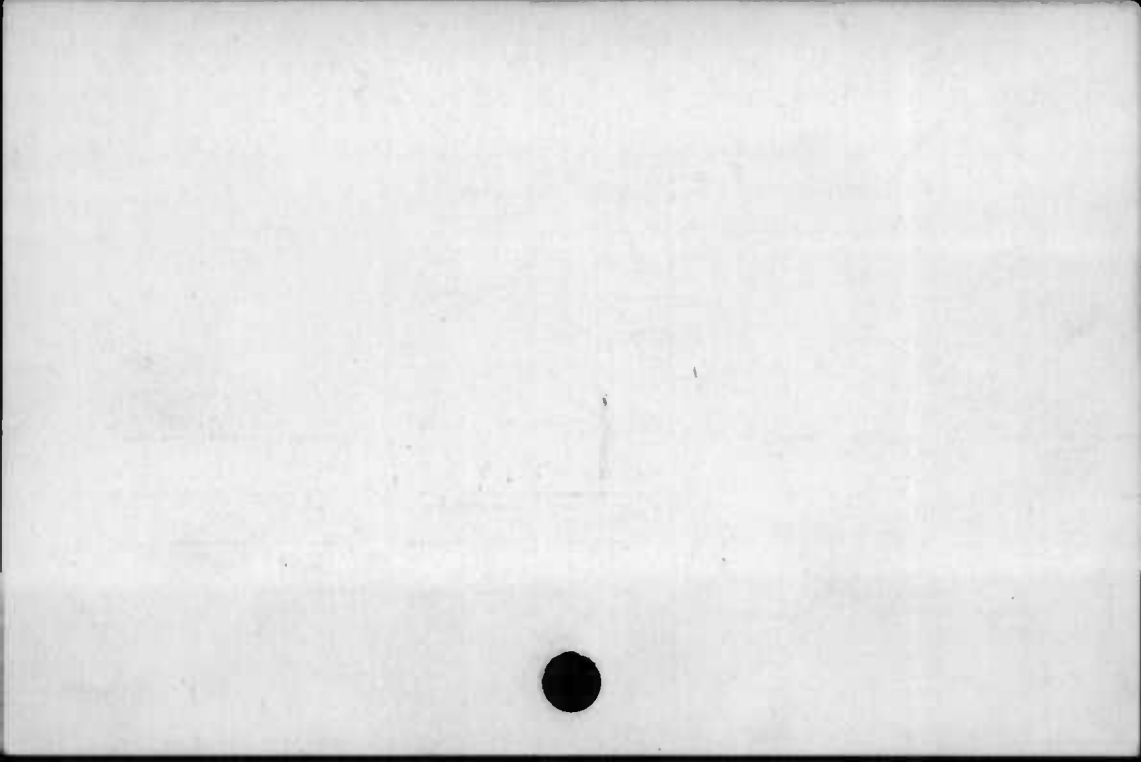
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		Month July	Day 26	Age 18	Years 18	Months 9	Days 22
Sex Female		Color or Race White		Birth- place Md.			
Occupation Housework		Where Residing if not at place of death 706 Second St.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Innocence Nuedling		Father's Birthplace Germ.					
Mother's Maiden Name Louisa Hopp		Mother's Birthplace Germ.					
Name of person giving In formation John Nuedling		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 Mos
Immediate	Cardiac Failure	How long	few days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Dr. J. A. Blank	
Address		41 Eastern Ave. Ekt.	
Accident or Suicide?			



Name
In Full

George W. Odensoss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Halethorpe P. O.		Balt		MARYLAND	
Date of death	1906	Month	July	Day	7	Age	Years 1 Months 20
Sex	male	Color or Race	white	Birth-place	West Balt		
Occupation				Where Residing if not at place of death	Washington Road		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	George Odensoss			Father's Birthplace	Balt Md		
Mother's Maiden Name	Julia M. Thompson			Mother's Birthplace	Balt Md		
Name of person giving information	George Odensoss			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition (7 months)	How long	15
Immediate	Inanition	How long	Since Birth
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Frank H. Rube		
Address	Lansdowne Md		
Accident or Suicide?	No		

Smith

Name
in
Full

Miss Mary O'Leary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>31</i>	Age <i>45</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Housework</i>	Where Residing If not at place of death <i>Washington D.C.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James O'Leary</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Person Henry</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer uteri.</i>	How long
Immediate <i>Supra-</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J.W. Shaw</i>
	Address <i>St. Agnes Hospital.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mt Washington</i>		<i>Baltimore</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>May</i>	Day <i>4</i>	Years <i>64</i>	Months <i>11</i> Days
	Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Balti Co. Md</i>	
	Occupation <i>housewife</i>	Where Residing if not at place of death <i>Baltimore Md</i>			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Leshie M. Owings</i>			
	Father's Name <i>John Williams</i>	Father's Birthplace <i>?</i>			
	Mother's Maiden Name <i>Smith</i>	Mother's Birthplace <i>Penn</i>			
	Name of person giving information <i>Armenia E Smith</i>	How related to deceased <i>daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Gastroenteritis</i>			How long <i>2 years</i>
	Immediate	<i>evanition</i>			How long <i>6 months</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>			Signature of Physician <i>William J. Todd</i>
	Address	<i>Mt Washington Md</i>			
Accident or Suicide?					

Louis F. Sharfer
Grossmont -

Name In Full		Lallie Seella Peregay.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town West Arlington		County Baltimore		MARYLAND
	Date of death	1906	Month July	Day 16	Age Years	Months 1	Days 7
	Sex	Female		Color or Race	White		Birth-place Arlington
	Occupation				Where Residing if not at place of death Home		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Edward J. Peregay.				Father's Birthplace	Ind.
	Mother's Maiden Name	Bertha A. Greenaw.				Mother's Birthplace	Ind.
Name of person giving information	M. S. Greenaw.				How related to deceased	Grandmother.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Whooping cough.				How long	3 weeks.
	Immediate	Pneumonia.				How long	6 days.
	Are the name, age, sex, color, date and place correctly given above?		Yn.		Signature of Physician	H. B. Cox	
					Address	Arlington	
Accident or Suicide?							

Woodlawn

Cemetery

J. H. Custer

Name
in
Full

Mitchell Perkins

CERTIFICATE OF DEATH

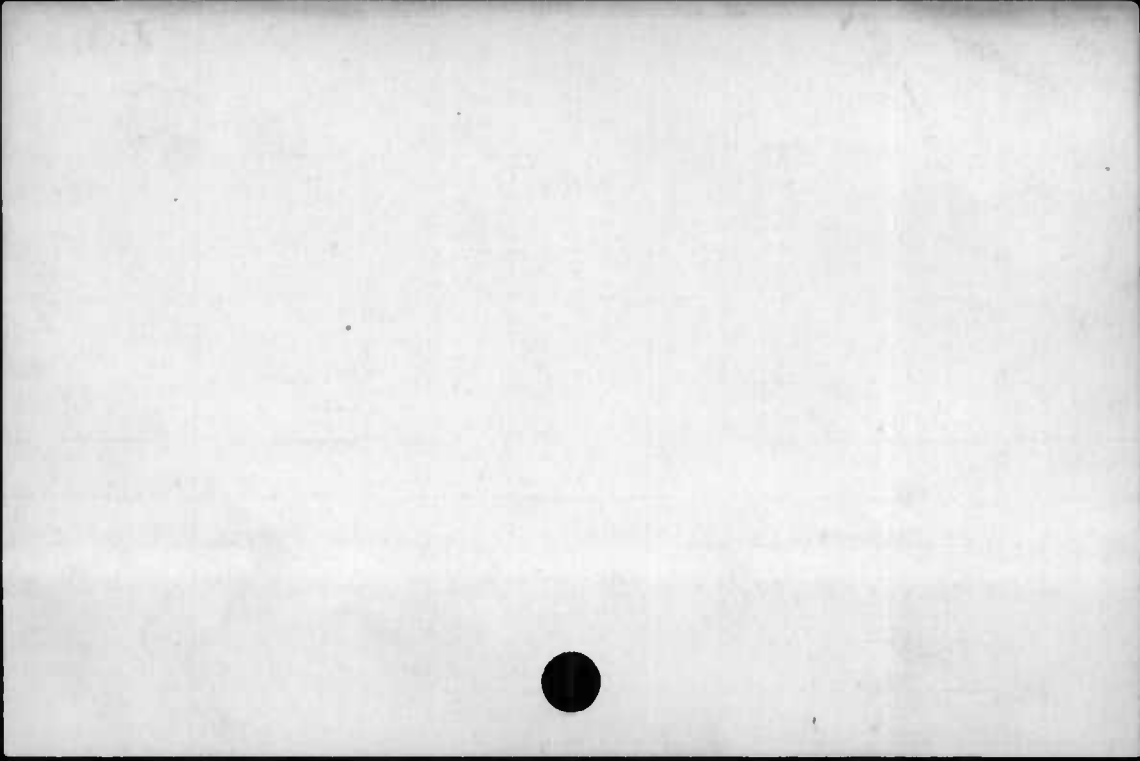
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Helena</i>		Town <i>St. Helena</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>31</i>		Age <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Helena</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Mr. J. Perkins</i>				Father's Birthplace <i>Balt. Co.</i>			
Mother's Maiden Name <i>Elizabeth Roberts</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Mr. J. Perkins</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>		How long <i>6 days</i>	
Immediate <i>Membranitis</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. C. Oberholzer, M.D.</i>	
<i>Yes</i>		Address <i>Springer Street</i>	
Accident or Suicide? <i>—</i>		<i>Med.</i>	



Name
in
Full

R. G. Phrame.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lorson</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>28th</i>	Age <i>70</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>				
Occupation <i>Stonemason</i>	Where Residing if not at place of death <i>Lorson</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband						
Father's Name	—			Father's Birthplace			
Mother's Maiden Name	—			Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Assthma, Ozeura + Several Bronch - May have</i>		How long
Immediate	<i>Congestion of Heart -</i>		How long <i>About a week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes,</i>		Signature of Physician <i>J. W. Hawkins M. D.</i>
			Address <i>Lorson -</i>
			<i>Mt</i>
Accident or Suicide?			

Alfred Horn
Balt Co
John Bruce Sons
Touson

Name
in
Full

Earnest Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sparrows Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>16</i>	Age <i>25</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth- place <i>North Carolina</i>				
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>Joe Blair</i>						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
<i>Accidental, Killed by a</i>	
Immediate <i>motor car.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joe Blair J. P.</i>
	Address <i>Sparrows Point</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Harriett L. Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Washington</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>July</i> <small>Day</small> <i>3</i>		Age <i>84</i> <small>Years</small>		<i>11</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto., Md.</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William W. Plummer</i>			
Father's Name <i>Ebenezer French</i>		Father's Birthplace <i>Boston, Mass.</i>			
Mother's Maiden Name <i>Harriet Hargrove</i>		Mother's Birthplace <i>Balto., Md.</i>			
Name of person giving information <i>J. H. Plummer</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senectus</i>	How long <i>154</i>
Immediate <i>Heart Exhaustion Asthenia</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Fodor</i>
	Address <i>W Washington Md</i>
Accident or Suicide?	



Name
in
Full

Blanche Poe

CERTIFICATE OF DEATH

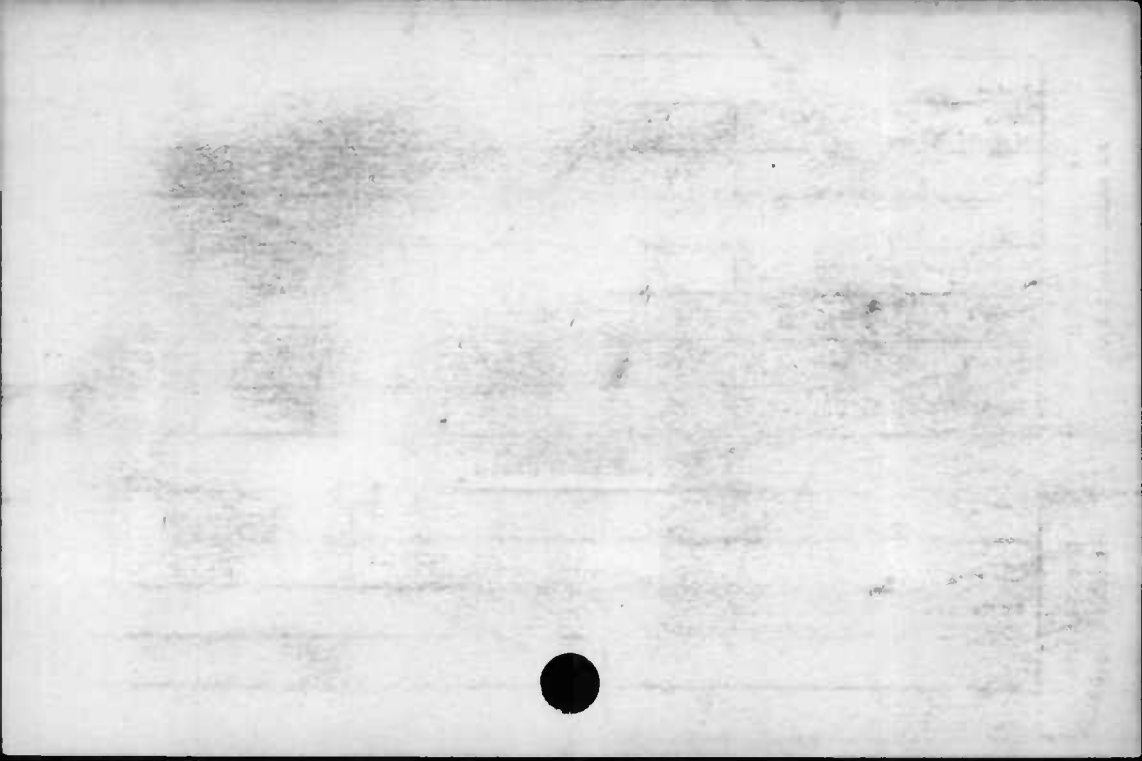
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Albinston</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>11</i>	Age Years	Months	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Albinston, Md</i>			
Occupation <i>~~~~~</i>				Where Residing if not at place of death <i>~~~~~</i>			
Married, Single or Widowed <i>~~~~~</i>				Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Edward K. Poe</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Nancy M. Vaught</i>				Mother's Birthplace <i>Ohio</i>			
Name of person giving Information <i>Edw. K. Poe</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mammosus</i>	How long <i>20 days</i>
Immediate <i>Asthenia</i>	How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Blambrill</i>
	Address <i>Albinston, Md.</i>
Accident or Suicide?	



Name
in
Full

James Nussear Pugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Lutherville</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>		^{Month} <i>July</i>	^{Day} <i>12</i>	^{Years} <i>6</i>	^{Months} <i>26</i> ^{Days}
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Lutherville</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James G. Pugh.</i>			Father's Birthplace <i>Baltimore.</i>		
Mother's Maiden Name <i>Helen V. Nussear.</i>			Mother's Birthplace <i>Lutherville</i>		
Name of person giving information <i>Jas. D. Nussear.</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Entero-Colitis</i>	How long	<i>5 days</i>
Immediate	<i>Coronary Arteriosclerosis</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Boyelin M.D.</i>	
		Address <i>Lowson Md.</i>	
Accident or Suicide			

Stewart & Mawson

London Paris

Name
in
Full

Nora Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Govanstown*^{County} *Balto.*Date of death *1906* ^{Month} *July* ^{Day} *7*^{Years} *41* ^{Months} *7* ^{Days} *7*Sex *Female*Color or Race *white*Birth-place *Balto City*Occupation *Housewife*Where Residing if not at place of death *1907 Park ave Balto. Md*Married, Single or Widowed *married*Name of Wife or Husband *W. Roby Purnell*Father's Name *Jos. E. North*Father's Birthplace *Dorchester Co*Mother's Maiden Name *Louisa E. Creighton*Mother's Birthplace *Dorchester Co*Name of person giving information *W. Roby Purnell*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Apoplexy*How long *6 hrs.*Immediate *Coma.*How long *6 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

H. C. Hoes MD
*Sta H (Govan) Balto Md*Accident or Suicide? *—*

Chas E French
746 N Eustaw

Druid Ridge Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

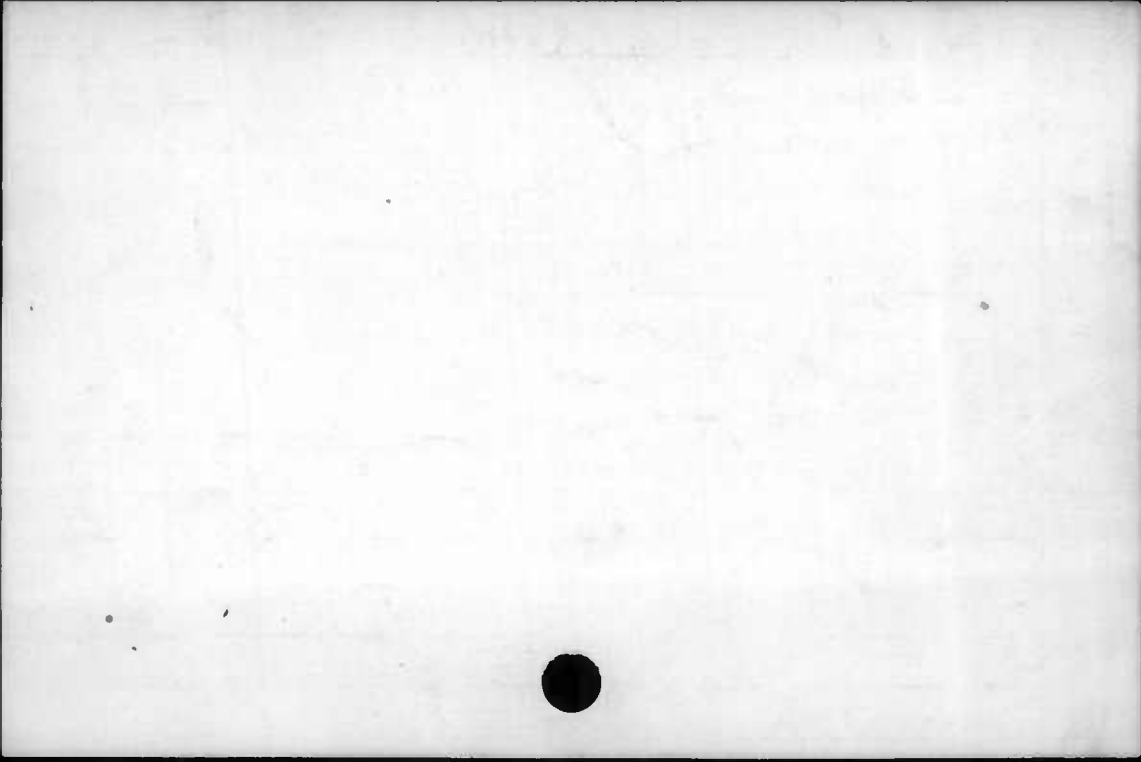
Died at *Record Ernest* ^{Town} *Leatonsville* ^{County} *Pa. Co.*Date of death *1906* ^{Month} *July* ^{Day} *15* ^{Years} *72* ^{Months} *0* ^{Days} *0*Sex *Male* Color or Race *white* Birthplace *Virginia*Occupation *None* Where Residing if not at place of death *X*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *X* Father's Birthplace *X*Mother's Maiden Name *X* Mother's Birthplace *X*Name of person giving information *X* How related to deceased *X*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Senile Dementia* ^{How long} *4 yrs.*Immediate *Ch. Interstitial Nephritis* ^{How long} *2 yrs.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Percy Wade*Address *Leatonsville, Ind.*Accident or Suicide? *No -*



Name in Full Hubner Gary Reed		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Cotansville <small>Town</small>	Balto <small>County</small>	MARYLAND	
	Date of death 1904 July 25	Age —	Months 7 Days —	
	Sex Male	Color or Race White	Birth-place Cotansville Ind	
	Occupation —	Where Residing if not at place of death —		
	Married, Single or Widowed —	Name of Wife or Husband —		
	Father's Name Isaac Reed	Father's Birthplace Ind. Co. Ind		
Mother's Maiden Name Mattie Parnell	Mother's Birthplace Balto. Co. Ind			
Name of person giving information Isaac Reed	How related to deceased Father			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Enterocolitis	How long 1 week	105	
	Immediate Convulsions	How long		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Stultz M.D.	Address Cotansville Ind	
	Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

Mrs. Cornelia A. Reid

Town

County

MARYLAND

Died at Beaumont Park, Covans

Baltimore

Date

Month

Day

Years

Months

Days

of death 1906 July

10

Age

66

3

Sex

Female

Color or
Race

White

Birth-
place

Virginia

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John H. Hoops

Father's
Birthplace

Virginia

Mother's
Maiden Name

Eliza Armstrong

Mother's
Birthplace

"

Name of person giving
information

Mrs. J. McFarighe

How related
to deceased

CAUSES OF DEATH

Primary

Circinoma of breast. 41

How long

6 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. W. Atkinson, M.D.

Address

21 W.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>14</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>D. J. Remsburg</i>					
Father's Name <i>Michael Dorothy</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Mary Wilson</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Mrs J. J. Remsburg</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long
Immediate <i>Collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. W. Shan.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Isaac Reynolds

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Canton

Baltimore

Date

1906 July

Day

23

Age

55

Months

5

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Va

Occupation

Laborer

Where Residing if not
place of death

204 N Durham St

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Mr Reynolds

Father's
Birthplace

Don't know

Mother's
Maiden Name

Mrs

Mother's
Birthplace

" "

Name of person giving
information

Anderson Reynolds

How related
to deceased

Son

CAUSES OF DEATH

Primary

Accident

How long

Immediate

yes.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

P. A. Dunningan

Address

203 Towne Pl

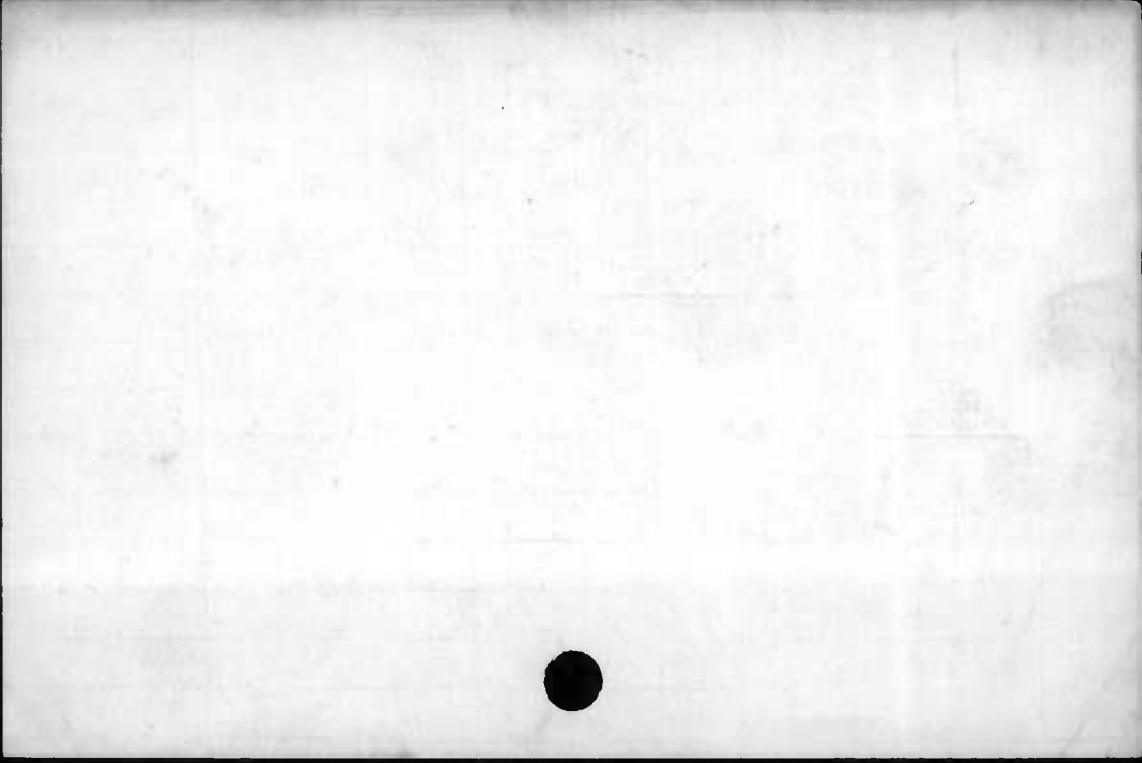
Accident or Suicide?

Accident

Coroner

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER

P. A. Dunningan



Name
in
Full

CERTIFICATE OF DEATH

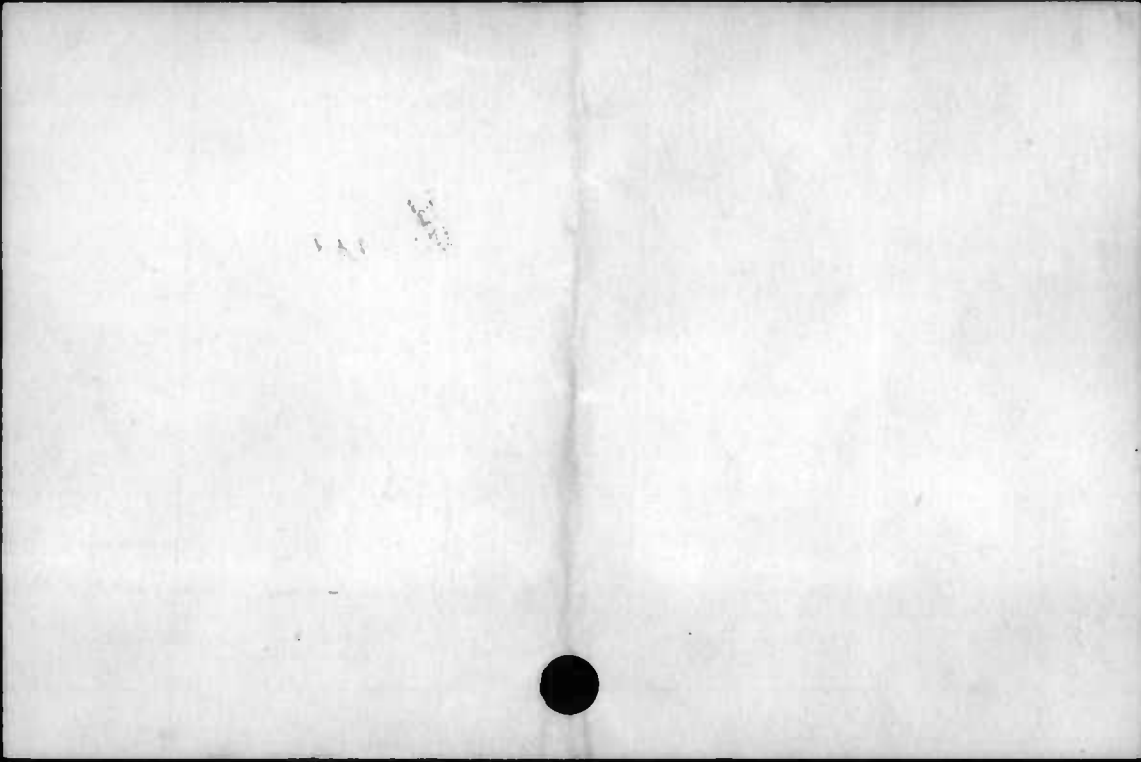
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Rhoten.</i>			Town <i>Boring.</i>		County <i>Baltimore.</i>		MARYLAND	
Died at		Date of death 190 <i>6.</i>		Month <i>7.</i>	Day <i>31</i>	Age Years <i>15</i>	Months <i>15</i>	Days
Sex <i>Male.</i>		Color or Race <i>White</i>		Birth-place <i>Boring.</i>				
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name <i>Richard Rhoten.</i>				Father's Birthplace <i>Maryland.</i>				
Mother's Maiden Name <i>Francis Turnbaugh.</i>				Mother's Birthplace <i>Maryland.</i>				
Name of person giving information <i>Andrew Rhoten.</i>				How related to deceased <i>Uncle.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum.</i>	How long	<i>105</i>
Immediate	<i>Cholera Infantum.</i>	How long	<i>few days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. H. Wilson.</i>	
		Address <i>Towlesburg, Maryland.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Warren</i>		County <i>Baltimore</i>		MARYLAND		
Date of death		1906	Month <i>July</i>	Day <i>11</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Warren Md</i>				
Occupation <i>✓</i>		Where Residing if not at place of death <i>Warren Md</i>						
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>						
Father's Name <i>Charles Riley</i>		Father's Birthplace <i>Warren, Md</i>						
Mother's Maiden Name <i>Lizzie Wall</i>		Mother's Birthplace <i>York, Pa</i>						
Name of person giving information <i>Charles Riley</i>		How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>In utero</i>	How long <i>(Over)</i>
Immediate <i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Benson</i>
	Address <i>Chickensville Md</i>
Accident or Suicide?	

Please send permit to
Chester Riley
Warren.

Balti. Co. Md
The child was buried at Poplar Cemetery
Warren. Balt. Co. Md

Name
in
Full

Charles H. Rixson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orangeville		County Balto.		MARYLAND	
Date of death		1906	Month 7	Day 15 th	Age 6	Years	Months 1
Sex Male		Color or Race White		Birth- place Highlandtown		Days 13	
Occupation				Where Residing if not at place of death 14 Phila Road.			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Wm Rixson				Father's Birthplace Balto.			
Mother's Maiden Name Annie Hammerback				Mother's Birthplace			
Name of person giving Information				How related to deceased mother			

CAUSES OF DEATH

Primary Ac. Lymphatic Leukemia

Immediate Anemia + Exhaustion

How long 5 wks

How long 3 wks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. S. Rytina

Address

2204 E. Monument St.
Balto.

Accident or Suicide?

—

PHYSICIAN
OR CORONER

St. Paul bern.
John Herwig & Son

7/18/06

Name
In
Full

CERTIFICATE OF DEATH

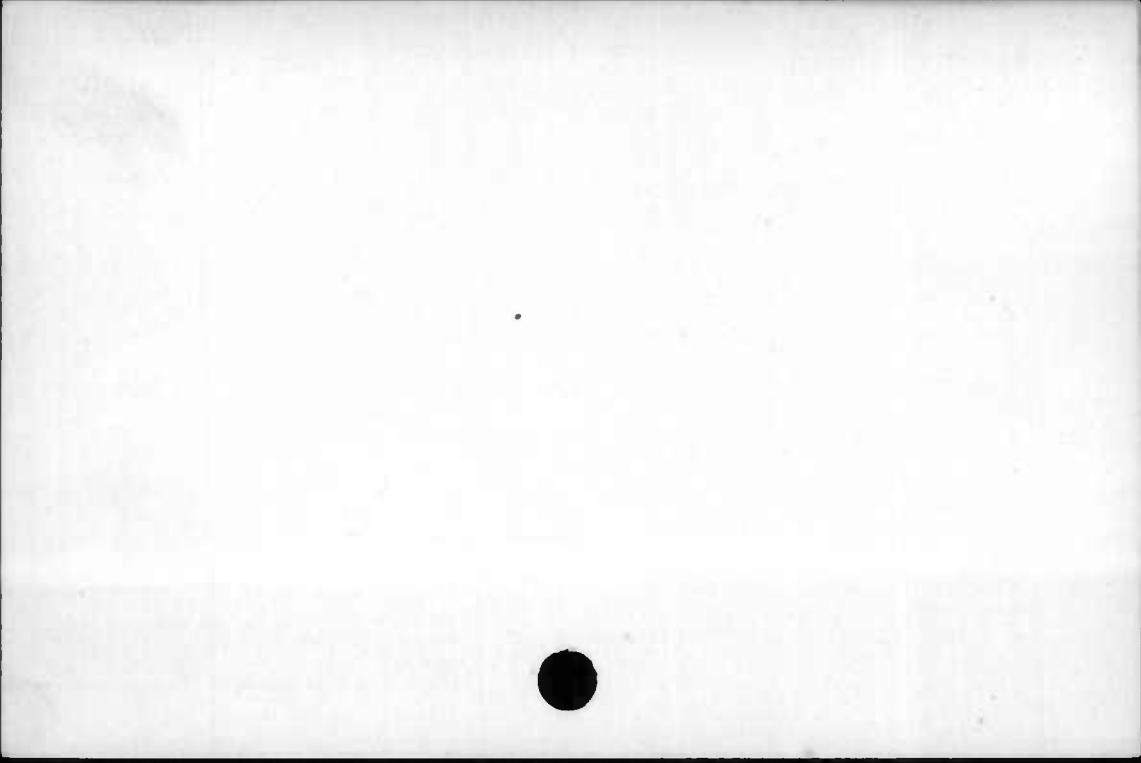
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sarah Rosenberg</i>		Town <i>York Rd near Arlington Ave</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at <i>York Rd near Arlington Ave</i>		Date of death <i>1906</i>		Month <i>July</i>		Day <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>9</i>		Years <i>9</i>	
Occupation <i></i>		Birth- place <i>Washington D.C.</i>		Months <i></i>		Days <i></i>	
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>		Where Residing if not at place of death <i></i>			
Father's Name <i>Joseph Rosenberg</i>		Father's Birthplace <i>Russia</i>		Mother's Maiden Name <i>Yette Weeks</i>		Mother's Birthplace <i>Russia</i>	
Name of person giving In formation <i>Joseph Rosenberg</i>		How related to deceased <i></i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>about 2 weeks</i>
Immediate <i>Weak heart</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. C. Petersen M.D.</i>
	Address <i>1053 N. Broadway</i>
Accident or Suicide?	



Name
in
FullGertrude M. Rupp
Highlandtown

CERTIFICATE OF DEATH

Balto. County

MARYLAND

Died at

Date

of death

1906

Month

7

Day

8

Age

Years

--

Months

5

Days

Female

Sex
Color or
Race

White

Birth-
place

Balto. Co.

Occupation

Where Residing if not
at place of death

1030 Highland Av

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Fred. F. Rupp

Father's
Birthplace

Balto.

Mother's
Maiden Name

Elizabeth Spellenberg

Mother's
Birthplace

Balto.

Name of person giving
Information

-- -- -- --

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

1 day

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. C. Thiery M.D.
1135 Highland Ave.

Accident or Suicide?

No.

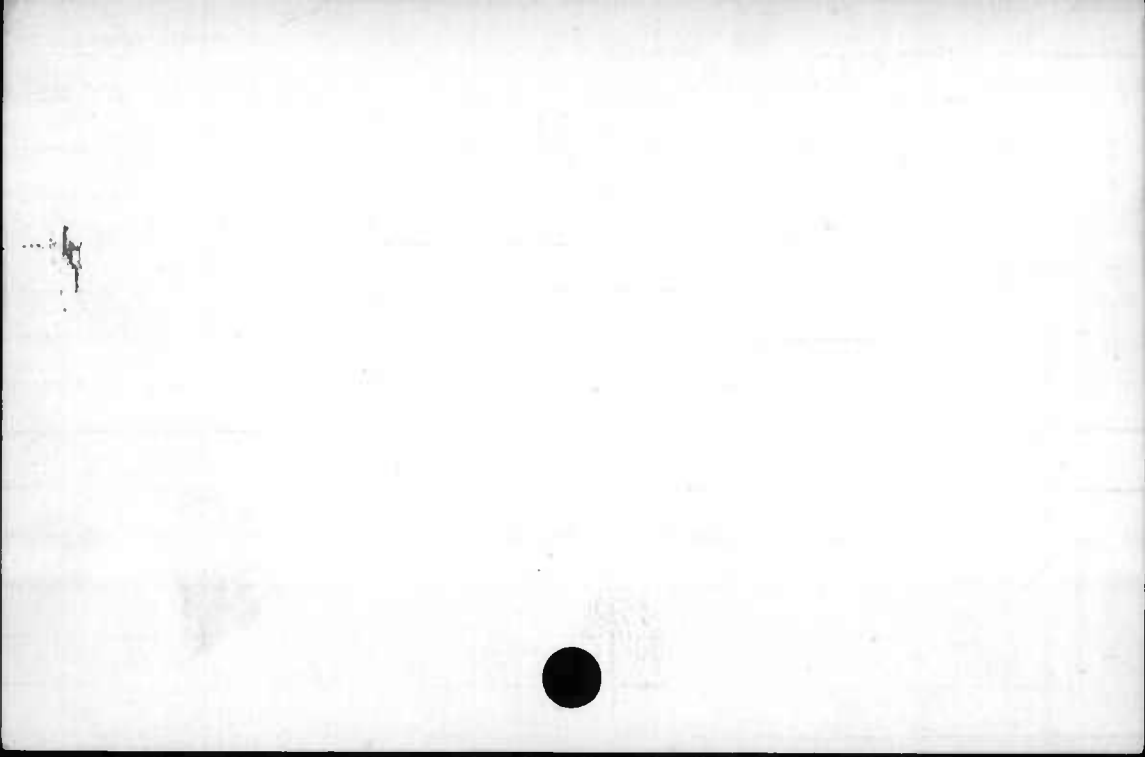
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacret Heart Cem.

J:Herwig & Son

7/9/06

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highland Town</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>
	Date of death <i>1906</i>	Month <i>July</i>	Day <i>26</i>	Age <i>0</i> Years	Months <i>7</i> Days <i>21</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>	
	Occupation <i>None</i>		Where Residing if not at place of death		
	Married, Single or Widowed <input checked="" type="checkbox"/>	Name of Wife or Husband <input checked="" type="checkbox"/>			
	Father's Name <i>John Schick</i>			Father's Birthplace <i>Balto Md</i>	
	Mother's Maiden Name <i>Annie Voeller</i>			Mother's Birthplace <i>" "</i>	
Name of person giving Information <i>John Schick</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>			How long	
	Immediate <i>" "</i>			How long <i>2 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. J. Valentinica</i>	
				Address <i>16 S Broadway.</i>	
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *748 Roland Ave Balto. Co.*Date of death *1906* Month *July* Day *20* Age *37* Years Months *8* Days *20*Sex *Female* Color or Race *White* Birth-place *New York*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas H. Schultz.*Father's Name *Witte* Father's Birthplace _____Mother's Maiden Name *Don't Know* Mother's Birthplace _____Name of person giving information *Thomas H. Schultz* How related to deceased *Husband.*

CAUSES OF DEATH

Primary *Cancer of Stomach* How long *5 months*
Immediate *Aschemia & Cachexia* How long *1 month*Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *Julius Friedman M.D.*Address *7 W. Franklin St*Accident or Suicide? *—*

Place of Burial, Druid Ridge Cemetery,

Undertaker, Henry W. Mears & Sons

Name in Full		Catherine Bennett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton ^{Town}		Balto ^{County}		MARYLAND	
	Date of death	1906	July ^{Month}	11 ^{Day}	Age	Months	14 ^{Days}
	Sex	Female		Color or Race	White	Birth-place	Canton
	Occupation	—			Where Residing if not at place of death —		
	Married, Single or Widowed	—			Name of Wife or Husband —		
	Father's Name	Howard Bennett				Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name	Agnes Chickolen				Mother's Birthplace Balto City	
	Name of person giving information	Howard Bennett				How related to deceased Father	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Dysentery			(14)	How long	two days
	Immediate	Heart failure				How long	12 hrs.
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	W. L. Burke M.D.	
					Address	215 Belmont St.	
Accident or Suicide?							



Name
in
Full

Retta Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lutherville</i>		Town		County		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>23</i>	Years <i>Age about 50</i>	Months		Days	
Sex <i>Female</i>	Color or Race <i>black</i>		Birth-place				
Occupation <i>Wash Woman</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Theodore White</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>accident</i>	How long	<i>166</i>
Immediate <i>struck by locomotive</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician or Coroner <i>Joseph B. Herbert</i>	
	Address <i>Towson, Md.</i>	
Accident or Suicide?		

Theodore White
1702 Gough St

Name
in
Full

CERTIFICATE OF DEATH

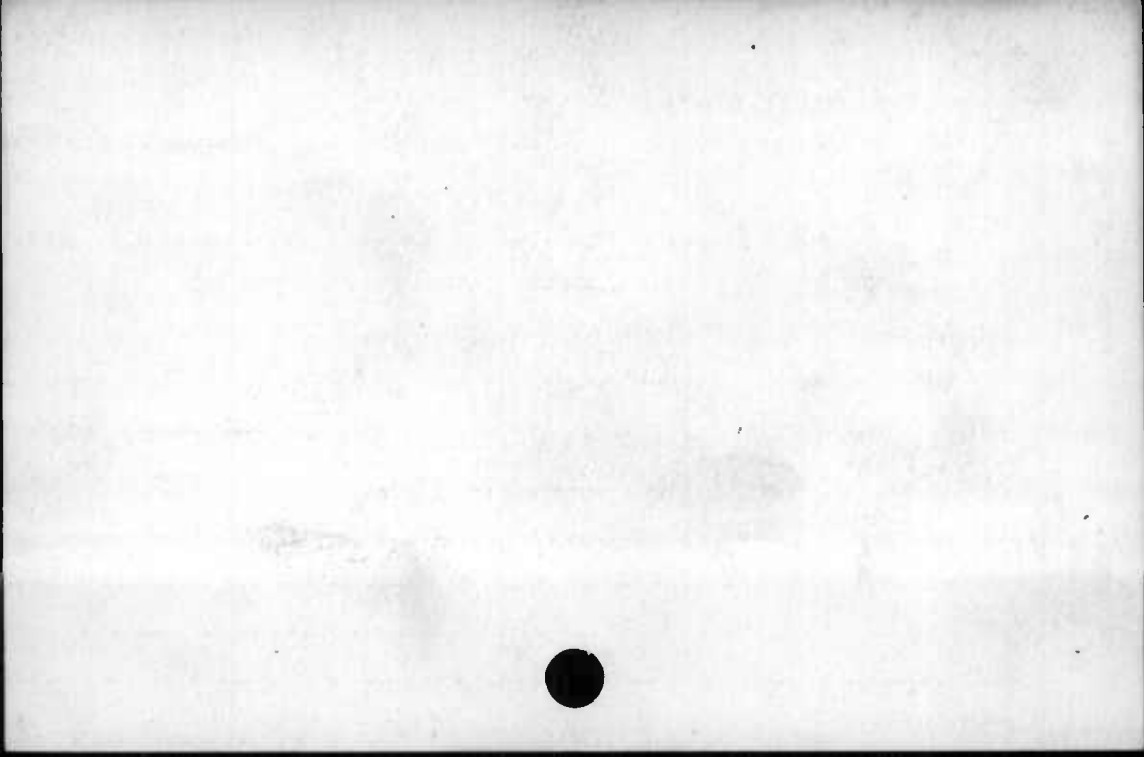
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Alfred Shipley</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MAYLAND							
Died at <i>Ellechester</i>		Month <i>July</i>		Day <i>3</i>		Years <i>66</i>		Months <i>—</i>		Days <i>—</i>			
Date of death 190 <i>6</i>				Age <i>66</i>				Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>				Occupation <i>Labor</i>									
Name of Wife or Husband <i>Laura J Shipley</i>													
Father's Name <i>David Shipley</i>								Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>don't know</i>								Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Robert F Shipley</i>								How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pericarditis</i>		How long <i>Several yrs</i>	
Immediate <i>Myocarditis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Shipley M.D.</i>	
		Address <i>F. Ellicott City Md.</i>	
Accident or Suicida?			



Name
in
Full

William H Siegmund

CERTIFICATE OF DEATH

Died at *Wesport* ^{Town}*Balto* ^{County}

MARYLAND

Date
of death *1906*Month
*7*Day
*4*Age
18

Years

Months
6

Days

Sex
*Male*Color or
Race
*White*Birth-
place
*Balto Md*Occupation
*Labourer*Where Residing If not
at place of death
*843 St Peter St*Married, Single
or Widowed
*Single*Name of Wife or
HusbandFather's
Name
*August Siegmund*Father's
Birthplace
*German*Mother's
Maiden NameMother's
Birthplace
*Balto Md*Name of person giving
information
*Fred Siegmund*How related
to deceased
Brother

CAUSES OF DEATH

Primary
*Drowning*How long
*Immediate*Immediate
*"*How long
*"*Are the name, age, sex, color, date
and place correctly given above?
*Yes*Signature of
PhysicianAddress
*Mr Williams*Accident or Suicide?
*Accident**Balto Md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

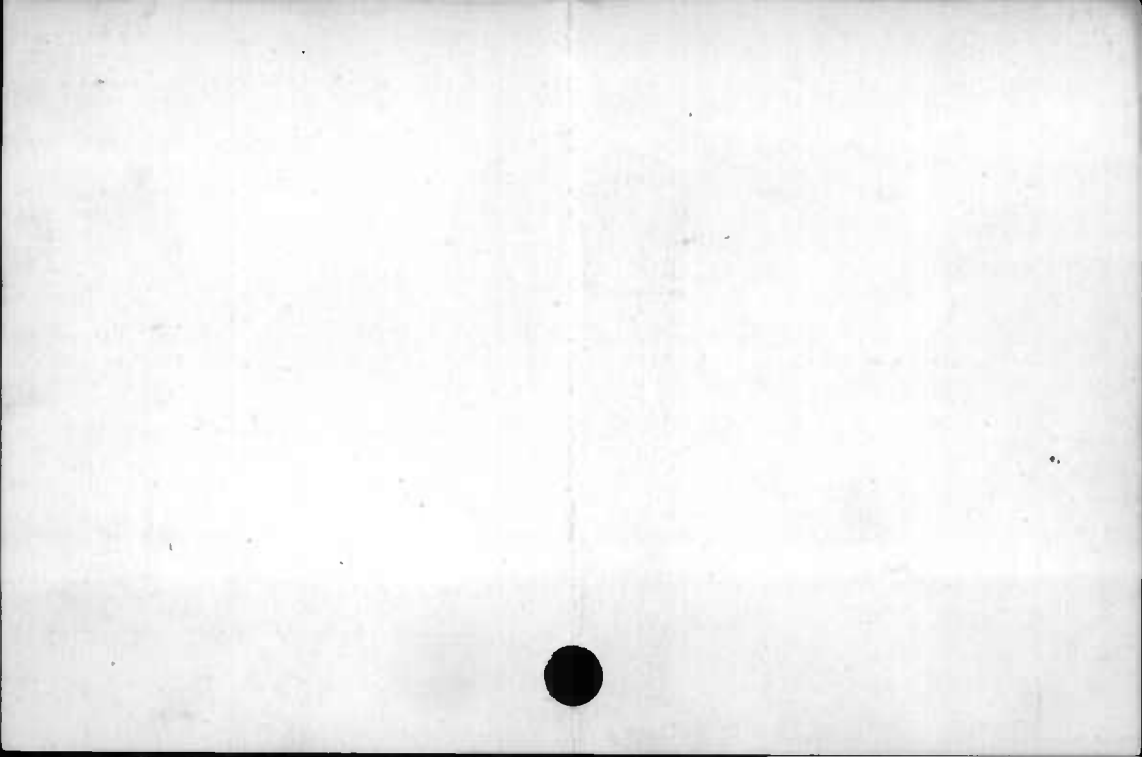
Balto to July 4-1906

Permission is hereby given to
Joseph Jordens & Son to Remove body
of Wm Pregmann to Balto

August W. Miller

Coroner

Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gemmell</i>		Town <i>Baltr</i>		County
	Date of death <i>1906 July 3</i>		Age <i>81</i>		Months <i>—</i> Days <i>21</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Gemmell</i>		
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth</i>			
	Father's Name <i>Christopher Slade</i>	Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Delilah Crayton</i>	Mother's Birthplace <i>"</i>			
	Name of person giving information <i>Christopher C Slade</i>		How related to deceased <i>son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Interstitial Nephritis</i>		How long <i>—</i>		<i>120</i>
	Immediate <i>Uremia</i>		How long <i>20 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Bradley</i>		
			Address <i>Garrettsville</i>		
	Accident or Suicide?				



Name
in
Full

Charlotte R. Smeltzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gwynnbrook</i> Town		<i>Belle</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>27</i>	Age <i>84</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Lydon W. Smeltzer</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>			Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>	Name of person giving information <i>S T Meff</i>			How related to deceased <i>Grand son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of liver</i>	How long <i>3 years</i>
Immediate <i>Heart failure</i>	How long <i>12 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. A. Campbell</i>
	Address <i>Carroll Co. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo. Neal Smith</i>		Town <i>Baltimore</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Baltimore</i>		Month <i>7</i>		Day <i>12</i>		Age <i>7</i>	
Date of death <i>1906</i>		Years <i>7</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto City</i>			
Occupation <i>None</i>				Where Residing or not at place of death <i>Hamilton Ave</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Geo. W. Smith</i>				Father's Birthplace <i>Balto City</i>			
Mother's Maiden Name <i>Hannah Dudley</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Geo. W. Smith</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Wilkins</i>
	Address <i>Belgravia, Md.</i>
Accident or Suicide? <i>No</i>	

Evans + Spence
1000. E. 100th. St

Int. Olivet Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry Hall</i> Town <i>Snyder</i> County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i> Month <i>July</i> Day <i>30</i> Age <i>57</i> Years Months <i>4</i> Days	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Snyder</i>		
Father's Name <i>Leonard Thompson</i>	Father's Birthplace <i>Europe</i>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>John Snyder</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Ulcer - Hemorrhages</i>	How long <i>about 3 months</i>
Immediate <i>Failure Vital Forces</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lingard Whitford</i>
<i>To best of my knowledge</i>	Address <i>Fullerton, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cross Keys</i>		Town <i>Ball Co</i>		County	
Date of death	1906	Month	July	Day	24
Age		Years		Months	2
Sex	Female	Color or Race	white	Birthplace	Ball Co
Occupation	Infant	Where Residing if not at place of death		Cross Keys	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	F. A. Spencer			Father's Birthplace	Carroll Co
Mother's Maiden Name	Sarah Armstrong			Mother's Birthplace	Va
Name of person giving information	J. H. Spencer			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(Congenital Debility premature birth)		How long
Immediate	diarrhorea		How long
Are the name, age, sex, color, date and place correctly given above?		yes	10 days
Signature of Physician		M. A. Fair	
Address		12 East 25th St.	
Accident or Suicide?			

W S Marshall

3539 Falls Road

July 24 - 1904.

St Mary Ballg.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Rodgers. Stagner

Town *Govanstown* County *Balto.*

MARYLAND

Died at *Govanstown* *Balto.*

Date of death *1906* Month *July* Day *29* Age *— 0* Months *3.* Days *20.*

Sex *male* Color or Race *white* Birth-place *Govanstown Ind.*

Occupation *Infant* Where Residing If not at place of death

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Jesse. B. Stagner* Father's Birthplace *Balto. co.*

Mother's Maiden Name *Emma B. Pryor.* Mother's Birthplace *Balto. city*

Name of person giving information *Jesse B Stagner* How related to deceased *Father!*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus.* How long *9 weeks -*

Immediate *Exhaustion* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *W C Hess MD* Address *Sta 16 Govans Balto. Ind.*

Accident or Suicide? *—*

179

Balto Cemetery

July 30 / 06

H. C. Windefeld

Name
in
Full

Emile K. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Date of death	1906	Month	July	Day	27
Age	60	Years		Months	unknown
Sex	Male	Color or Race	White	Birth place	France
Occupation	Mining Engineer		Where Residing if not at place of death <i>Berkeley - Cal -</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>unknown</i>		
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>II</i>			Mother's Birthplace	<i>II</i>
Name of person giving information	<i>Reeds Mt Hope</i>			How related to deceased	<i>not at all</i>

CAUSES OF DEATH

Primary	<i>Mania Chron. Post Epilepsy</i>	How long	<i>one 2 yrs -</i>
Immediate	<i>Ex. Pts. near</i>	How long	<i></i>

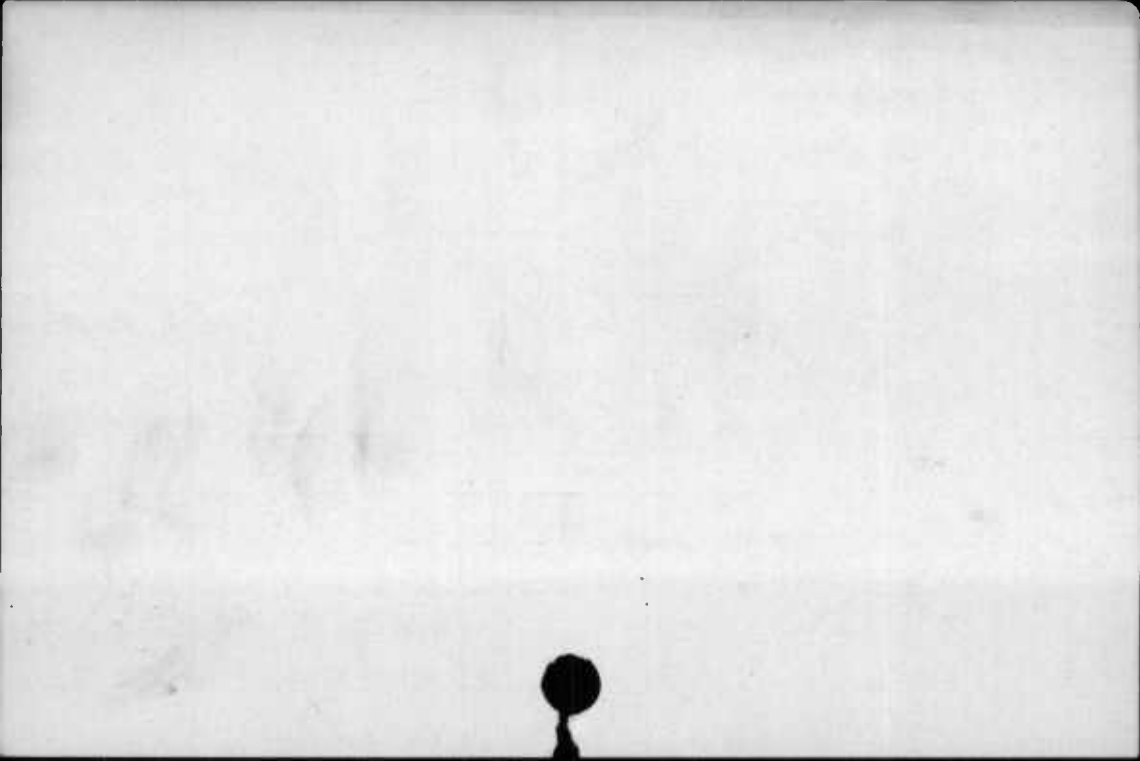
PHYSICIAN
OR CORONERAre the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

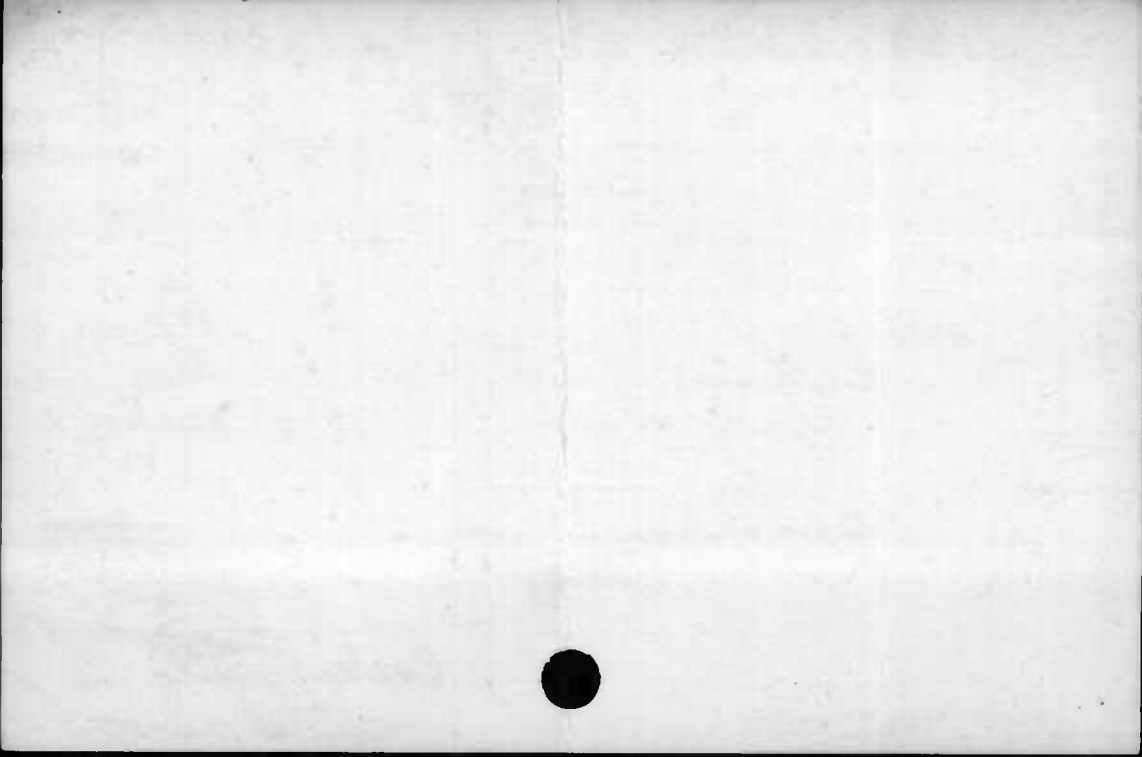
Frank J. Flannery
Mt Hope Retreat
Baltimore Co. Md.

Accident or Suicide?



Name in Full		Joseph Strobo				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cockeysville</i>			Town <i>Balto</i>		County	
	Date of death <i>1906</i>		Month <i>July</i>	Day <i>20</i>	Age	Years	Months <i>5</i>
	Sex <i>Male</i>		Color or Race <i>White</i>			Birthplace <i>Luxon Me</i>	
	Occupation <i>Infant</i>				Where Residing if not at place of death		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name <i>Mr Harry Strobo</i>				Father's Birthplace <i>White Hall Md</i>		
	Mother's Maiden Name <i>Catherine May Thompson</i>				Mother's Birthplace <i>Luxon Me</i>		
Name of person giving information <i>Mr C G Strobo</i>				How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Pertussis</i>	How long <i>6 weeks</i>
	Immediate	<i>Gastro Enteritis</i>	How long <i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm R Benson</i>
			Address <i>Cockeysville Md</i>
Accident or Suicide? <input type="checkbox"/>			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Stuart		Town Warren		County Baltimore		MARYLAND	
Died at		Date of death 190 6		Age 36		Months 4	
Month July		Day 6		Years 36		Days 9	
Sex Male		Color or Race White		Birth-place Ind.			
Married, Single or Widowed Single		Occupation Cotton Mill Operator					
Name of Wife or Husband							
Father's Name Wm Stuart		Father's Birthplace Pa					
Mother's Maiden Name Katherine Riley		Mother's Birthplace Ind					
Name of person giving information Mary Fulton		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid.	How long 4 weeks.
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Werner E. Ensworth, D.
	Address Cockeysville
Accident or Suicide?	Ind.

Funeral at Foyar
Camelby July 8th

Please return permits

W. C. Brooks

Name
in
Full

Ruth Trager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glyndon		County Batto		MARYLAND	
Date of death	1906	Month July	Day 25	Age 33	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Batto Co Md
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Emory G. Trager			
Father's Name	Peter Morran				Father's Birthplace	Batto Co Md	
Mother's Maiden Name	Rachel Wilton				Mother's Birthplace	" " "	
Name of person giving Information	Emory G. Trager				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	
Immediate	Tuberculosis —	How long	about 2 years.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. W. White
		Address	Glyndon, Md.
Accident or Suicide?	No —		

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Name
in
Full

Arthur S Inel

CERTIFICATE OF DEATH

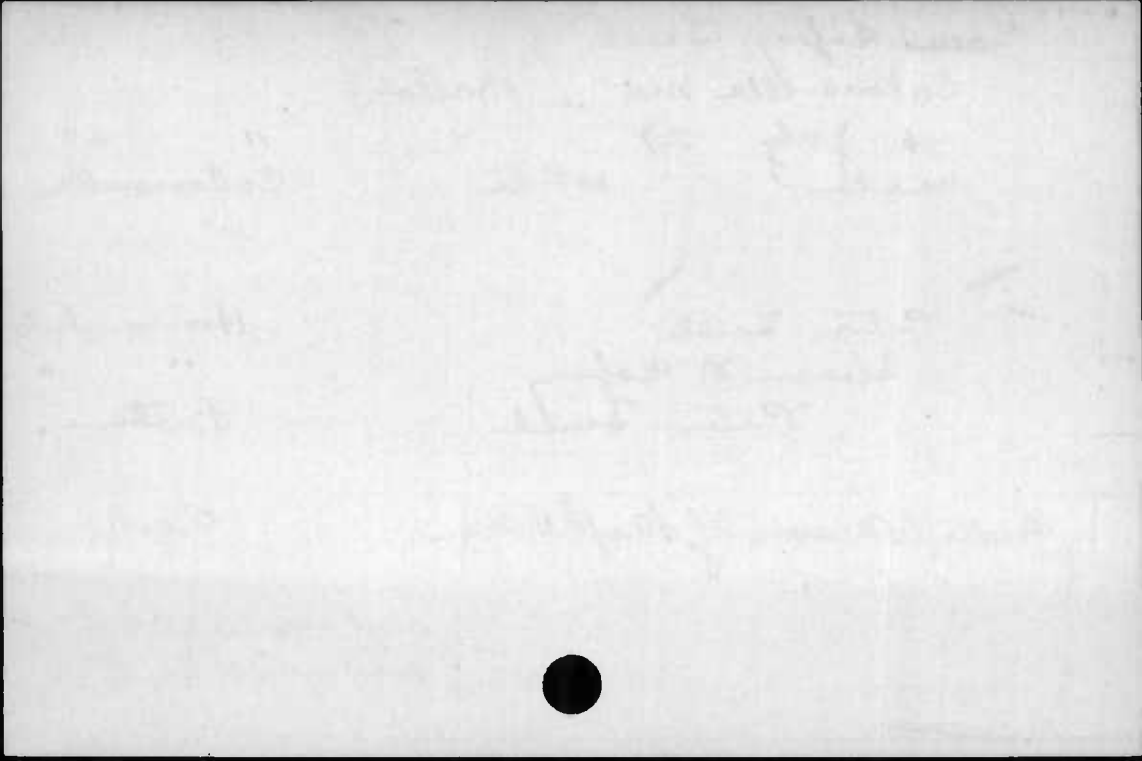
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>July</i> ^{Month}	<i>22</i> ^{Day}	<i>5</i> ^{Years}	<i>2</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>br</i>		Birth-place <i>Catonsville</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <input checked="" type="checkbox"/> Married			Name of Wife or Husband _____		
Father's Name <i>Peter Inel</i>			Father's Birthplace <i>Howardstown</i>		
Mother's Maiden Name <i>Susan Espey</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>P Inel</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Post Diphtheritic Paralysis</i>	How long <i>6 weeks</i>
<i>Exhaustion</i>	How long <i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. S. M. T. J. J. J.</i>
	Address <i>Catonsville Md</i>
Accident or Suicide?	



Name
in
Full

Louis Esfey Tuel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Catonsville Md

County Balto

Date

1906

Month

July

Day

27

Age

Years

3

Months

11

Days

23

Sex

Male

Color or
Race

white

Birth-
place

Catonsville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Peter Tuel

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Susan B Esfey

Mother's
Birthplace

" "

Name of person giving
Information

Peter Tuel

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Multiple Neuritis of L. phren

How long

4 wks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

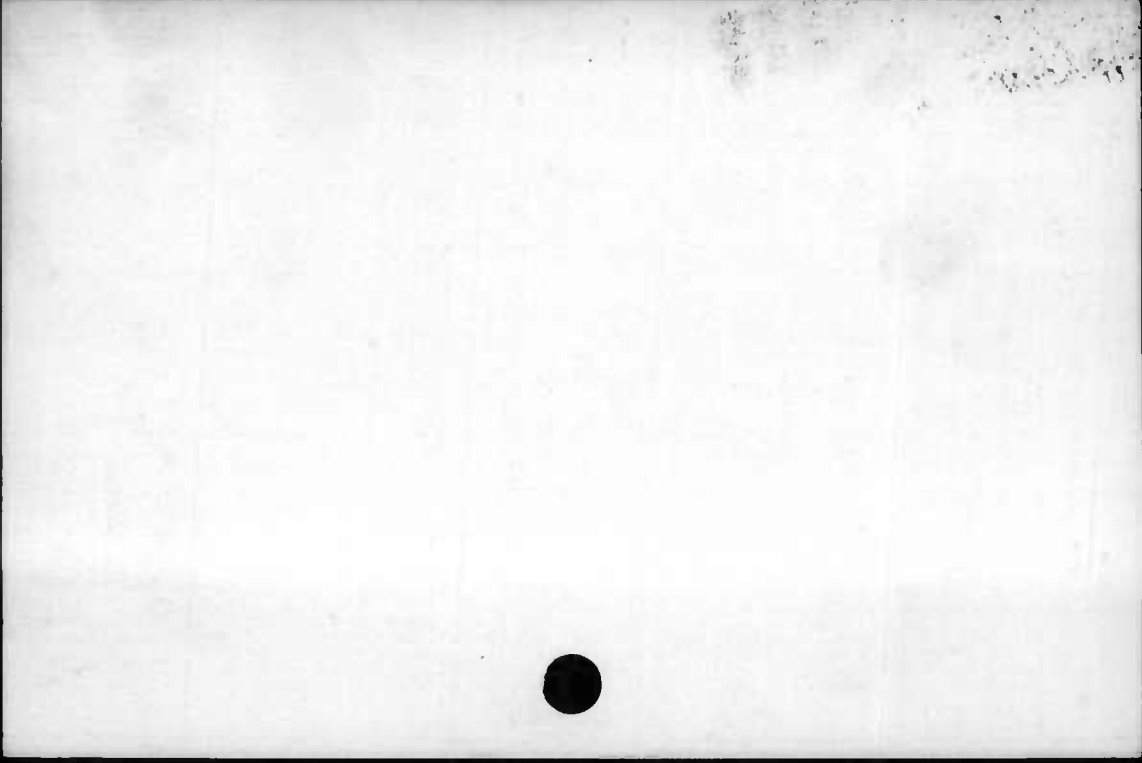
Signature of
Physician

Marshall B. West

Address

Catonsville, Md

Accident or Suicide?



Name in Full		Jos. W. Meckin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		22 Church St.		Baltimore	
		Date of death		1906 July 11		Age 81	
		Sex		Male		Color or Race	
		Occupation		Shoemaker		Where Residing if not at place of death	
		Married, Single or Widowed		Married		Name of Wife or Husband	
		Father's Name		Jos Meckin		Father's Birthplace	
		Mother's Maiden Name		not known		Mother's Birthplace	
Name of person giving information		L. J. Meckins		How related to deceased		Sons	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Asthma		How long	
		Immediate		Valvular disease of heart		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address		Geo. T. Shower, M.D.	
		Accident or Suicide?				421 Roland Ave. Balt.	

Jessons Church
Cockeysville

Md
H. L. Marshall

3539 Falls Road
July 13-05

Wm. 1031

#798

Name in Full		Howard Van Slyke				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ovra.</i>		Town <i>Baltimore</i>		County		MARYLAND	
	Date of death	1906	Month	July	Day	16 th	Age	one
	Sex		Male		Color or Race		White	
	Occupation				Birth-place		St. Mary's Co., Md.	
	Where Residing if not at place of death							
	Married, Single or Widowed				Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		John R. Van Slyke		Father's Birthplace		Michigan	
	Mother's Maiden Name		Jessie A. Root		Mother's Birthplace		Michigan	
	Name of person giving information				How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Cholera Infantum		How long		24 hours	
	Immediate		Exhaustion		How long		—	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. L. Wilkinson	
					Address		Belgravia, Wash. (D.C.)	
	Accident or Suicide?		No					

Jerusalem letter

J Herwig to Jan

9/16/06

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Days

Birth-place *Bal Kishore*

Where Residing if not
at place of death *Marie L. Carroll Pisan*

Name of Wife or Husband Walter H. Smith

Father's Birthplace *John Rusin*

Mother's Birthplace *Germany*

How related to deceased	Father
-------------------------	--------

CAUSES OF DEATH

How long	2 days
How long	0

How long 1 Day

Signature of Physician *W. J. ...*

Address 722 S. 4th St. W.

Accident or Suicide?

S. St Stanislaus Cemetery

M F Sadowski.

Undertaker

Michael Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Franklinstown* ^{County} *Baltimore* **MARYLAND**

Date of death *1906* ^{Month} *July* ^{Day} *20* ^{Years} *69* ^{Months} *10* ^{Days} *4*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Blacksmith* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lizetta Lockman*

Father's Name *John Wallace* Father's Birthplace *Germany*

Mother's Maiden Name *Catherine Hurvitz* Mother's Birthplace *Germany*

Name of person giving information *John Wallace* How related to deceased *Son.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Carcinoma of Stomach* How long *About 3 months*

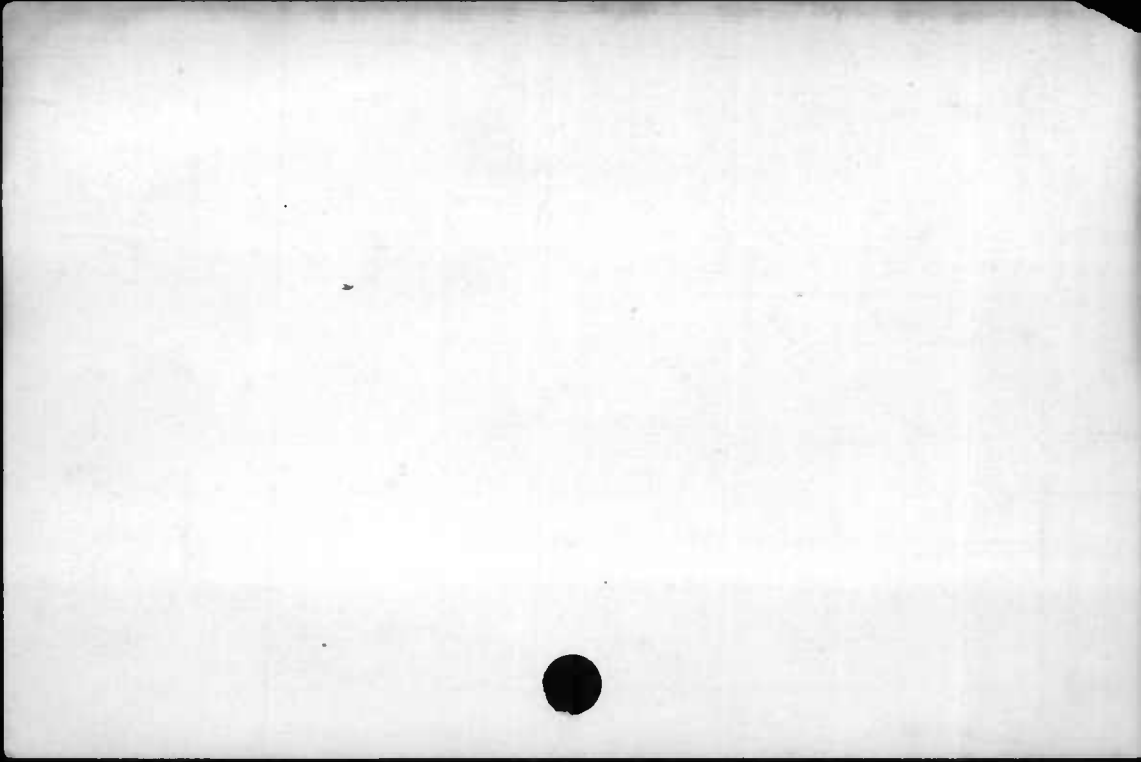
Immediate *Syncop* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

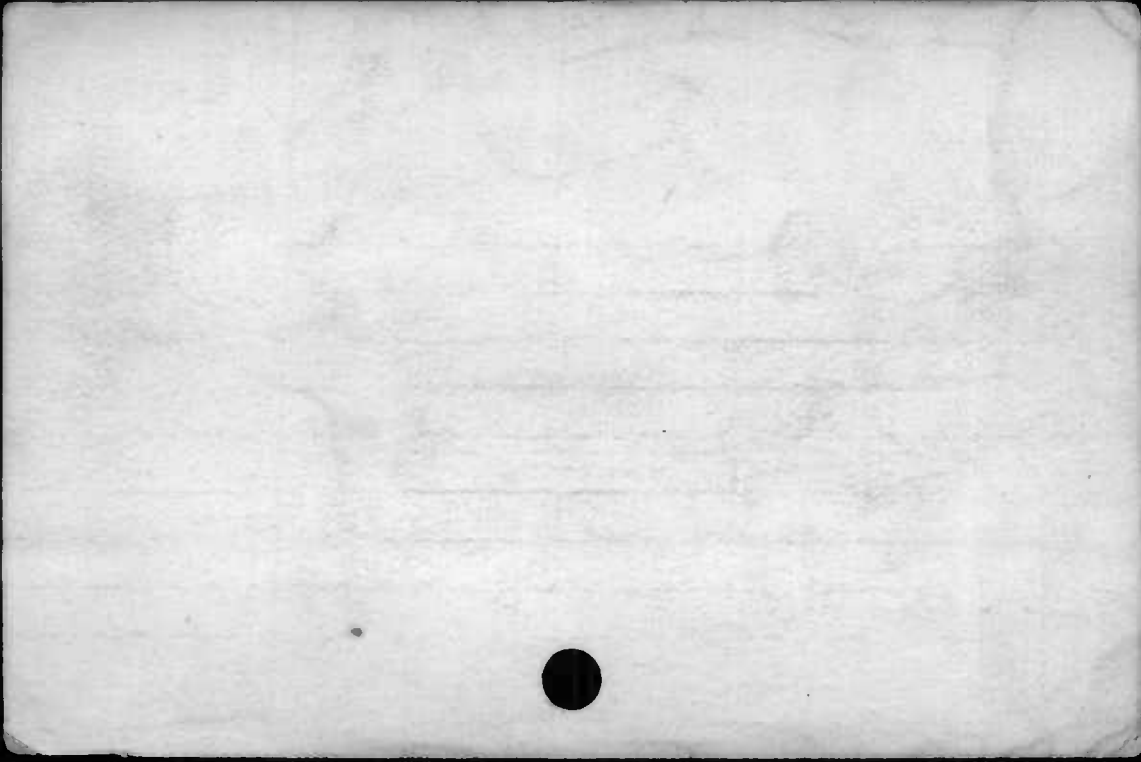
Signature of Physician *Harold Monahan*

Address *Dickysville, Md.*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Catonsville</u> Town,		County		MARYLAND
	Date of death	190 <u>6</u>	Month <u>July</u>	Day <u>28</u>	Age <u>—</u> Years
	Sex <u>Male</u>		Color or Race <u>Black</u>	Birth-place <u>Maryland</u>	Months <u>5</u> Days <u>—</u>
	Occupation <u>—</u>		Where Residing if not at place of death <u>Catonsville Md</u>		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <u>—</u>		Father's Birthplace <u>—</u>		
	Mother's Maiden Name <u>Fannie Hill</u>		Mother's Birthplace <u>Virginia</u>		
PHYSICIAN OR CORONER	Name of person giving information <u>Fannie Hill</u>		How related to deceased		
	CAUSES OF DEATH				
	Primary <u>Marasmus</u>		How long <u>—</u>		
	Immediate <u>Cannulization</u>		How long <u>—</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. M. Stultz M.D.</u>			
		Address <u>Catonsville Md.</u>			
Accident or Suicide?					



Name
in
Full

Anna M. Wetzell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	24	38		unknown	unknown
Sex	Color or Race			Birth-place			
Female	W			Balto Md.			
Occupation				Where Residing if not at place of death			
Wife of Barber				Hyattsville Md			
Married, Single or Widowed		Name of Wife or Husband					
M.		unknown					
Father's Name				Father's Birthplace			
unknown				unknown			
Mother's Maiden Name				Mother's Birthplace			
11				6			
Name of person giving information				How related to deceased			
Reeds Mt Hope Retreat				not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long
		3 mos
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Frank J. Flannery M.D. Mt Hope Retreat Balto Co Md
yes -	Address	
Accident or Suicide?		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>unreport</u> ^{Town}		<u>Balto</u> ^{County}			
Date of death 190 <u>6</u>	<u>7</u> ^{Month}	<u>12</u> ^{Day}	Age <u>35</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Bar tender</u>				
Name of Wife or husband <u>Lella Wittington</u>					
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Francis X Keenan</u>			How related to deceased <u>Brother in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cynide of Potassion</u>	How long <u>Immediate</u>
Immediate <u>Cynide of Potassion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>August W. Miller, Coroner</u>
	Address <u>MT Williams</u>
Accident or Suicide? <u>accident</u>	<u>md</u>

Geo. Schilling Hon
Permission is hereby given ~~Mr. Smith~~
undertaken to Remove the Body of
George F. Whittington to Balt City -

August W Miller Coroner
Balt County - July 13/06

O. K
August W Miller
Coroner

Name
in
Full

Bronslaw. Wieja

CERTIFICATE OF DEATH

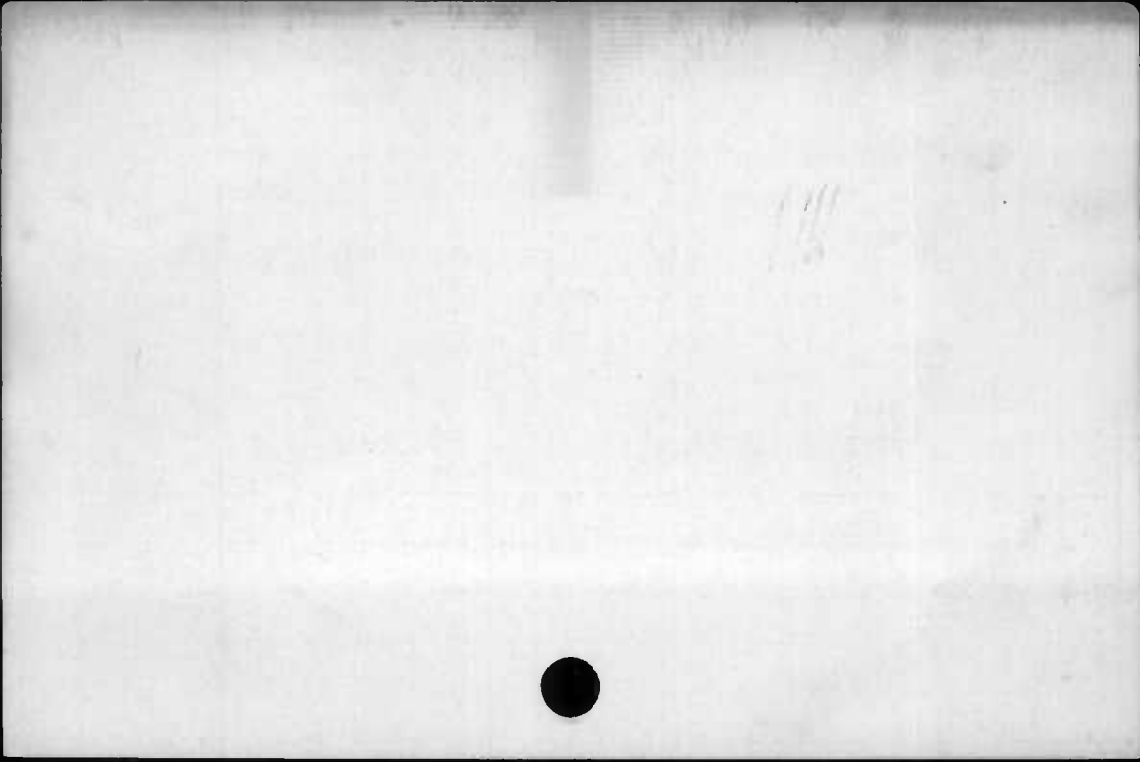
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>July</i> ^{Month}	<i>1</i> ^{Day}	<i>22</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex	Color or Race <i>White</i>		Birth-place <i>Austria</i>		
Occupation <i> Sailor </i>	Where Residing if not at place of death				
Married (Single or Widowed) <i>(Single)</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace <i>Austria</i>		
Mother's Maiden Name			Mother's Birthplace <i>Austria</i>		
Name of person giving information <i>Mrs Smith</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis.</i>	How long
<i>Exhaustion.</i>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. W. Shaw.</i>
	Address <i>St. Agnes' Hospital.</i>
	<i>Baltimore.</i>
Accident or Suicide?	



Name In Full *Annie M. Williams*

Town *Priddy* County *Dalles*

Died at *Priddy* MARYLAND

Date 19 *06* Month *July* Day *25* Y. *3* M. *8* D. Native of *Baer* Occupation

Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living *2*

Husband of *Louis Williams*

Wife *Louis Williams*

Father's Name *Abram Turner* Mother's Maiden Name *Nancy Wilson*

Cause of Death { Primary *to queen of liver* Immediate *cardiac failure* } How long sick *7 mos.*

Accident, Suicide, Homicide *(40)*

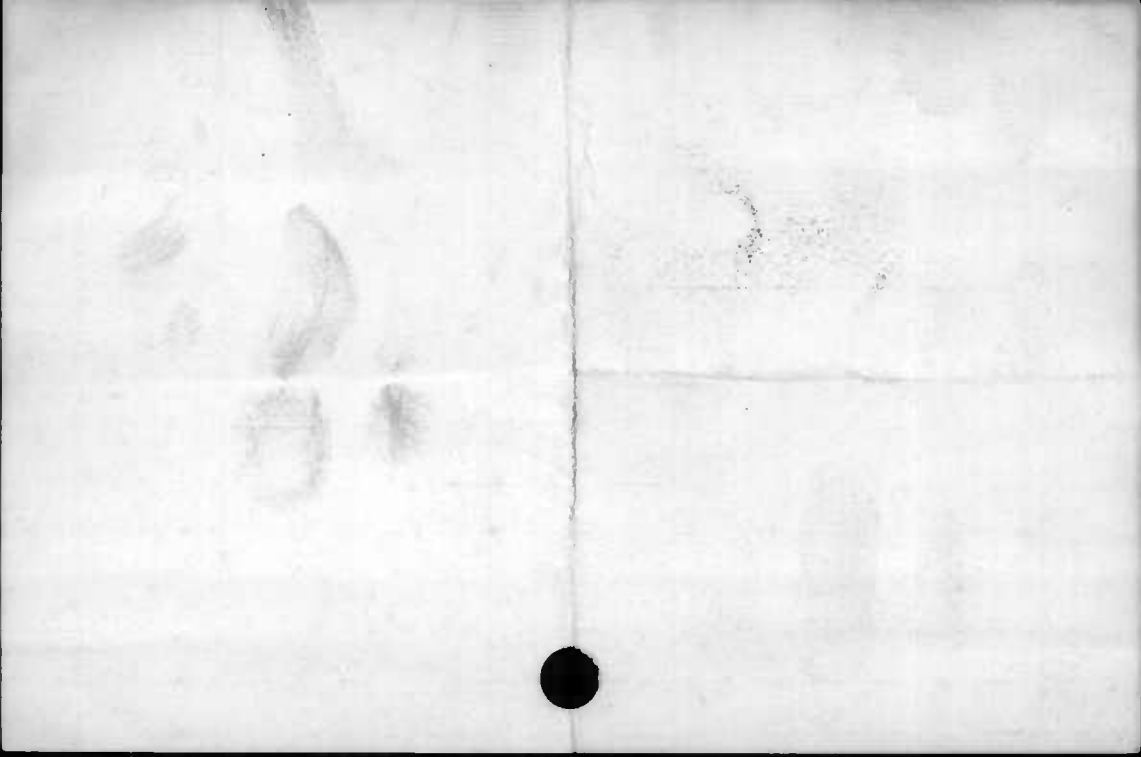
Reported by *A. Rove Price*

Address *Priddy*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Genivene Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Arbutus</i>			Town <i>Balto</i>		County	
	Date of death <i>1906 July</i>		Month	Day	Age	Years	Months
	Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Balto Md</i>		
	Occupation <i>none</i>			Where Residing if not at place of death <i>same place</i>			
	Married, Single or Widowed <i>Single</i>			Name of Wife or Husband			
	Father's Name <i>Arthur Williams</i>				Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Nellie Payne</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Edward Payne</i>				How related to deceased <i>uncle</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Gastro-Enteritis</i>			How long <i>four days</i>		105	
	Immediate <i>same</i>			How long <i>" "</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Arthur Williams</i>			
				Address <i>22 R Ridge Howard Co Md</i>			
	Accident or Suicide? <i>no</i>						



Name
in
Full

Margaret Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rossville ^{County} Baltimore

Date of death 1906 ^{Month} July ^{Day} 31 Age ^{Years} 4 ^{Months} 4 ^{Days} -

Sex Female Color or Race colored Birth-place md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Morris Williams Father's Birthplace md

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

Primary Marasmus (179)

How long _____

Immediate _____ How long 2 hrs

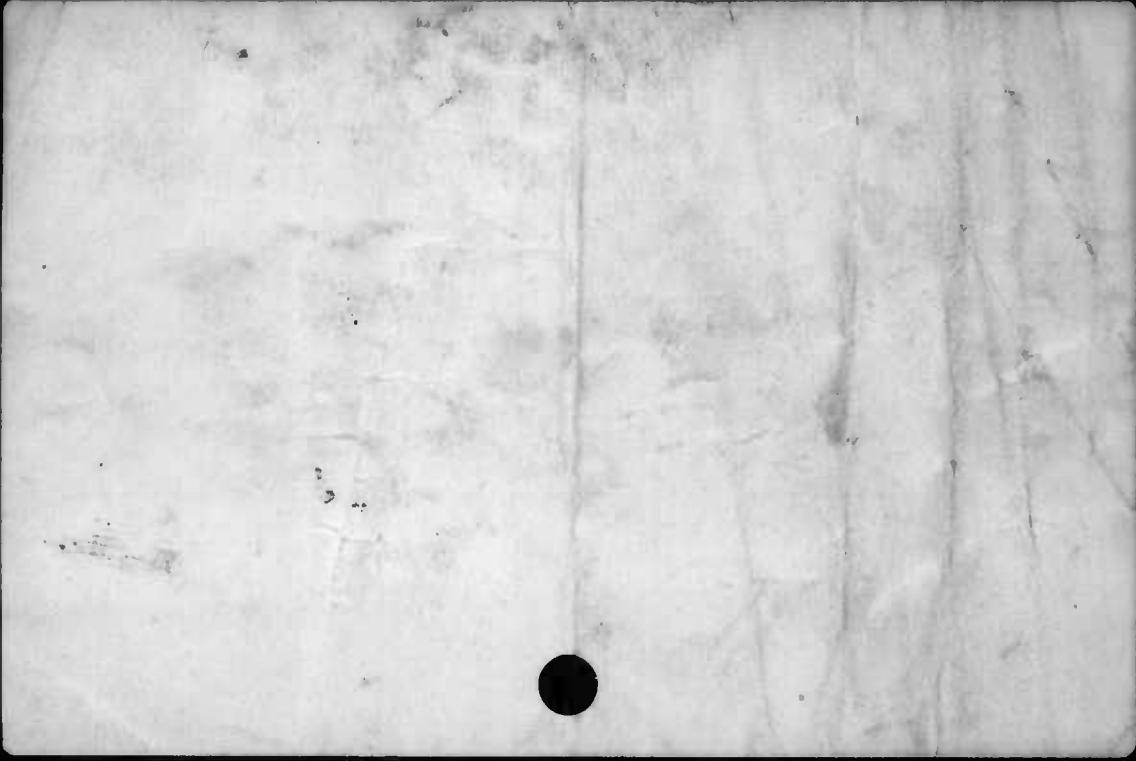
Are the name, age, sex, color, date and place correctly given above? "

Signature of Physician

Address

T. J. Mace
Rossville Md

Accident or Suicide?



TO BE ANSWERED BY NEAREST FRIEND	Name in Full Thomas L. G. Wilson						CERTIFICATE OF DEATH	
	Died at Govan				County Balto		MARYLAND	
	Date of death		Month July	Day 19	Age 82	Years	Months	Days
	Sex Male	Color or Race White		Birthplace Maryland				
	Occupation Blacksmith			Where Residing if not at place of death Govan				
	Married, Single or Widowed Married	Name of Wife or Husband Urinda G. Wilson						
	Father's Name Walter Wilson			Father's Birthplace —				
	Mother's Maiden Name —			Mother's Birthplace —				
Name of person giving information Urinda G. Wilson			How related to deceased Widow					

PHYSICIAN OR CORONER	CAUSES OF DEATH		(19)
	Primary Hypertrophy of heart	How long 6 mo.	
	Immediate Loss of compensation	How long 2 weeks	
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. C. Bessie D.
			Address Govan Md.
Accident or Suicide? —			

Western Cemetery
July 21/906.

Wm Cooper
502 E North Ave

Name in Full		George S. A. Wirth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town North Point	County Baltimore		MARYLAND	
	Date of death	1906	Month July	Day 27 th	Age 43	Months —	Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Pattern Maker		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Sebastian A. Wirth				Father's Birthplace	Germany
	Mother's Maiden Name	—				Mother's Birthplace	" "
	Name of person giving information	Wm J. Weitz				How related to deceased	Friend
<div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">170</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> </div>							
PHYSICIAN OR CORONER	Primary		Meningitis Brought On			How long 3 months	
	Immediate		Dropsy			How long 7 or 8 months	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician E. J. Williams Address 1108 Chesapeake St			
	Accident or Suicide?			No			



Name in Full		Alvina S. Witcher				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Goravustown</i>		County <i>Baltimore</i>		MARYLAND	
	Date of death	1906	Month <i>July</i>	Day <i>2</i>	Years <i>25</i>	Months	Days
	Sex	<i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
	Occupation			Where Residing if not at place of death <i>Goravustown Md</i>			
	Married , Single or Widowed			Name of Wife or Husband			
	Father's Name	<i>Edward Witcher</i>				Father's Birthplace	<i>Germany</i>
PHYSICIAN OR CORONER	Mother's Maiden Name	<i>Sophie Vuerickh</i>				Mother's Birthplace	<i>"</i>
	Name of person giving information	<i>Wm. Witcher</i>				How related to deceased	<i>Brother</i>
	CAUSES OF DEATH						
	Primary	<i>Paralysis</i>				How long	<i>1 1/2 years</i>
Immediate	<i>Exhaustion</i>				How long	<i>Several months</i>	
2	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		<i>E. M. Deaneau</i>
					Address		<i>Goravustown Md</i>
<i>Accident or Suicide?</i>							

Baltimore Cen
July 4/90
Wm Cook.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. Rogers Woollen</i>		Town <i>Woodbrook</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Woodbrook</i>		Month <i>July</i>		Day <i>12</i>		Years <i>77</i>	
Date of death <i>1906 July 12</i>		Age <i>77</i>		Months <i>20</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Baltimore Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Harwood Md</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Virginia C. Clayton</i>					
Father's Name <i>Zachariah Woollen</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Berginiah C. Rogers</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>Henry W. Woollen</i>		How related to deceased <i>Woodbrook Md</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary <i>Arterio-Sclerosis of heart</i>	How long <i>51</i>
Immediate <i>Failure of heart Compensation</i>	How long <i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Co. P. MacKung</i>
	Address <i>St. St. Baltimore</i>
Accident or Suicide?	

Stewart + Mowen

Harwood Md.

Name
in
Full

William Northam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Brady* ^{Town} *Balto Co* ^{County} *Balto* **MARYLAND**

Date of death *1906* ^{Month} *July* ^{Day} *3* ^{Years} *77* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *None* Where Residing if not at place of death *Brady av*

~~Married, Single or Widowed~~ ~~Name of Wife or Husband~~

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Wm Northam Jr* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral hemorrhage* How long *2 hour*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W H Pearce

Address

2105 N Charles St

Accident or Suicide?

Cedar Hill Cemetery
July 5/08 Anne Arundel Co
Wm Rook
502 E North Av

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Randolph Wright		Town Howard Park		County Baltimore		State MARYLAND	
Died at Howard Park		Date of death 1906 July 16		Age 65		Months 6	
Sex Male		Color or Race White		Birth-place Baltimore City			
Occupation Advertising Agent.		Where Residing if not at place of death X					
Married, Single or Widowed Married		Name of Wife or Husband Mary Catherine Wright					
Father's Name John Wright		Father's Birthplace Maryland					
Mother's Maiden Name Mary Catherine Deef		Mother's Birthplace Bethesda Md.					
Name of person giving information Harry S. Wright		How related to deceased Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Nephritis (Cystitis & Nephritis)	How long Indefinite - but known for nearly 2 yrs.
Immediate Poststatic pneumonia; embolism.	How long Illness - 4 days - sudden death.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician G. Carroll Lockard
	Address 1621 W. Lafayette Ave. Baltimore, Md.
Accident or Suicide? No.	



Name
in
Full

David S. Yeager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sparrows Point.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1904	Month	<i>July</i>	Day	<i>29th</i>	Years	<i>2</i>
Sex		Male		Color or Race		White	
Occupation		None		Birth-place		<i>Sparrows Point</i>	
Where Residing If not at place of death				—			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<i>Charles L. Yeager</i>			
Mother's Maiden Name				<i>Jennie Dick</i>			
Name of person giving information				<i>Chas. L. Yeager</i>			
Father's Birthplace				<i>Balls Bl.</i>			
Mother's Birthplace				<i>Balls Co</i>			
How related to deceased				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>14 days</i>
Immediate	<i>Bacterial Meningitis</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Frank C. Eddard</i>	
		Address	
		<i>Sparrows Point.</i>	
Accident or Suicide? —			



Name in Full *Emma Eliz Gang*

CERTIFICATE OF DEATH

MARYLAND

Died at *Gardenville* Town *Buck* County

Date of death *1906* Month *July* Day *13* Age *11* Years Months *3* Days *11*

Sex *Female* Color or Race *white* Birth-place *Buck*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Thos Gang* Father's Birthplace *—*

Mother's Maiden Name *Daisy Quick* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

Primary *Enterocolitis* - *105* How long *2 weeks*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. D. Lane*

Address *Gardenville*

Accident or Suicide? *no*



Name
in
Full

Mamie Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Colgate</i> <small>Town</small> <i>P.O.</i> <small>County</small> <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>July</i> <small>Day</small> <i>4</i> <small>Years</small> <i>20</i>	<small>Months</small>		<small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>	
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>1802 Ashland Ave</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		
Father's Name <i>John Zimmerman</i>	Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Anna Zimmerman</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Dr. Jno Ayd</i>	How related to deceased <i>Uncle</i>		

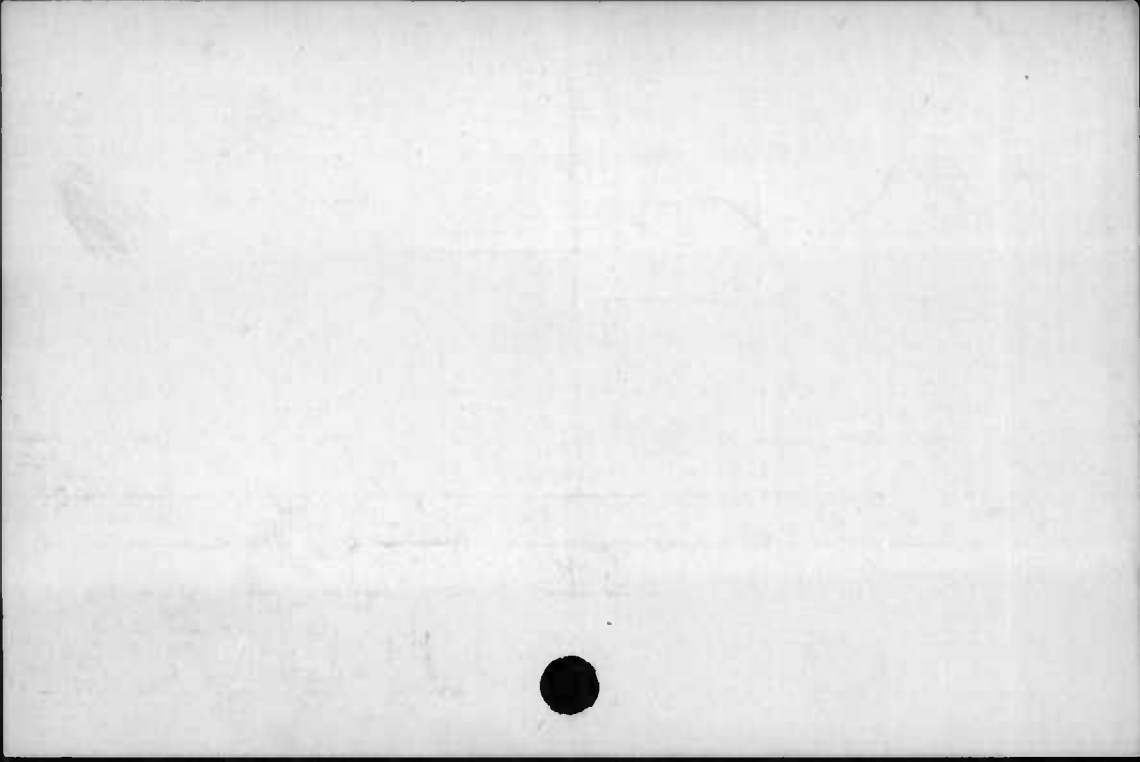
CAUSES OF DEATH

Primary <i>Accident</i>	<i>(166)</i>	How long _____
Immediate <i>Killed</i>		How long _____

Are the name, age, sex, color, date and place correctly given above? *YES.*

Signature of *P.A. Drummigan*
Address *203 Loone St
Baltimore*

Accident or Suicide? *Accident*



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		<i>Baltimore</i>		County		MARYLAND	
Date of death	1906	Month	July	Day	16	Age	1
Sex	Male	Color or Race	White	Birthplace	Balt'r Co.		
Occupation	None			Where Residing if not at place of death		C	
Married, Single or Widowed	Single		Name of Wife or Husband		C		
Father's Name	Mr. F. Zucker				Father's Birthplace	Balt'r	
Mother's Maiden Name	Mary Magersupp				Mother's Birthplace	Balt'r	
Name of person giving information	Mr. F. Zucker				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	(14)
Immediate	<i>Meningitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edw. N. Parnellaker</i>
		Address	<i>1209 Madison ave</i>
			<i>Baltimore</i>
Accident or Suicide?			

